

QUILTERS' GUILD OF ARLINGTON

2024-25 Membership Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell: _____

Email Address: _____ DOB Month/Day _____

Membership Levels - July 1, 2024 – June 30, 2025

**You must reach a qualifying age level on or before June 30, 2024.*

() Regular Members (Ages 18-64)* \$50 _____

() Senior Members (Ages 65-79)* \$45 _____

() Super Senior Members (80 +)* \$ 5 _____

() Junior Members (Ages 12 – 17)* \$20 _____

TOTAL DUE _____

Cash _____ Check # _____ Credit Card _____ Total Amount Paid _____

Date _____

- Check here if you **DO NOT** want your info in the Directory. **Online DIRECTORY is PASSWORD ACCESSIBLE ONLY.**
- Check here to **withhold your information** from QGOA newsletters and/or website.

PICTURE: Use the same picture in the current directory
 Send new picture to Membership Chairperson – Leslie Wagner at tootsiewag@yahoo.com

Signature _____ Date _____