

MEMBERSHIP FORM

Last Name: _____ First Name _____ Birthday (Mo/Day) _____

Spouse _____

Summer Address: _____ City, State, Zip code _____

Summer Phone: _____ Cell Phone: _____

Winter Address: _____ City, State, Zip code _____

Winter Phone: _____

E-mail address _____

Please print the form, fill it out and mail with a check for \$20.00 to:

Silver Threads Quilt Guild, P. O. Box 1, South Fork, CO 81154