

## Lighthouse Quilt Guild Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email for: \_\_\_\_\_  
(This is how you will receive the monthly newsletter)

Birthday month: \_\_\_\_\_

1. Dues are \$20.
2. Make check payable to Lighthouse Quilt Guild.
3. Send check and this form to:

Lighthouse Quilt Guild  
PO Box 852  
Grand Haven, MI 49417

Enclose a self-addressed stamped envelope if you would like to receive a receipt by mail. Your membership card/name badge will be available at your first meeting.