

Lighthouse Quilt Guild Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____
(This is how you will receive the monthly newsletter)

Birthday month: _____

1. Dues are \$30.
2. Make check payable to Lighthouse Quilt Guild.
3. Bring form and check to meeting or send check and 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.