



Membership Application

Please make your check payable to CPQG in the amount of \$30.00 and complete the Membership form (required for all new and returning members).
A copy of the CPQG Directory will be posted on our secure website.

Name: _____

Address: _____

City, State and Zip: _____

Email: _____

Spouse: _____ Birthday: _____ / _____

Cell Phone: _____ Home Phone: _____

Name of Quilting Circles: _____

Participating in Finger Foods for Meetings: _____

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Ck # _____ Cash: _____ Received by: _____ Date: _____

Membership card [] Nametag [] Registration list [] Directory entry [] Newsletter list []