



Year _____

Carolina Pine Needle Quilters Guild Membership Application

() I am **RENEWING** my membership **WITH NO CHANGES** to my personal information.

(If there are no changes, you only have to answer sections marked by *)

() I am **RENEWING** my membership **WITH CHANGES** to my personal information.

(Please fill in your name and any items that need to be changed.)

() I am a **NEW MEMBER**. (Please fill out the entire form.)

* **Dues:** Please make checks payable to **CPNQG**

() Joining between **January 01 - June 30** **\$20.00**

() Joining between **July 01 – December 31** **\$10.00**

* **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: (Home) _____

(Cell) _____

* **Do you accept text messages?** **YES** **NO** _____

Email: _____

Birthday: _____

* **Are you** _____ active duty

_____ veteran

_____ military spouse