

Miami Valley Quilters' Guild Membership

Date: _____

New Renew
(Please check one)

NAME: _____
(last) (first)

ADDRESS: _____
(number) (street name)

(city) (state) (zip)

PHONE NUMBER: _____
(area code-number)

EMAIL: _____ PIC #: _____

Complete form and mail with your \$20.00 check to:

**Miami Valley Quilters Guild
ATTN: Membership
PO BOX 340141
Beavercreek, OH 45434**

Include SASE to Receive Receipt by Mail