

**CAPITOL CITY QUILT GUILD**  
**Membership Registration**

Name \_\_\_\_\_ Date \_\_\_\_\_ Membership Year \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Day and Month of birth \_\_\_\_\_

**Membership Dues:**

- |   |         |  |         |
|---|---------|--|---------|
| <input type="checkbox"/> New                        | \$25.00 | <input type="checkbox"/> \$5 Late Renewal – after April 30 <sup>th</sup> | \$30.00 |
| <input type="checkbox"/> Renewal –due by April 30th | \$25.00 | <input type="checkbox"/> Membership after Nov 1 <sup>st</sup>            | \$12.50 |

**Newsletter Selection:**

- I choose to read my newsletter on the CCQG web site     I choose to receive my newsletter by email  
 I choose to receive my newsletter by US postal mail

**I would like to volunteer to assist CCQG by:**

Please check all that you are interested in. (Note: this does not commit you.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Audit                       | <input type="checkbox"/> Lecture for Schools   | <input type="checkbox"/> Quilt Show              |
| <input type="checkbox"/> Board position _____        | <input type="checkbox"/> Librarian             | <input type="checkbox"/> Small Group Coordinator |
| <input type="checkbox"/> Community Coordinator       | <input type="checkbox"/> Membership            | <input type="checkbox"/> Speakers Bureau         |
| <input type="checkbox"/> Demonstrations at Festivals | <input type="checkbox"/> National Quilting Day | <input type="checkbox"/> Tiny Treats             |
| <input type="checkbox"/> Fat Chance                  | <input type="checkbox"/> Nominating Committee  | <input type="checkbox"/> Web Site Master         |
| <input type="checkbox"/> Heart Warmers               | <input type="checkbox"/> Presenting a Program  | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Historian                   | <input type="checkbox"/> Publicity             |  |

**Skills I can share:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accounting                   | <input type="checkbox"/> Quilt instruction        | <input type="checkbox"/> Hand quilt for others |
| <input type="checkbox"/> Computer Skills / Publishing | <input type="checkbox"/> Legal                    | <input type="checkbox"/> Other _____           |
|   | <input type="checkbox"/> Machine quilt for others |  |

**Small group(s) I belong to:** \_\_\_\_\_

- I am interested in small group membership.

**Mail to:**                    **OR**  
Dorothy Jones  
426 W. Barnes Ave.  
Lansing, MI 48910

**Drop in box @ guild meeting**  
**with correct amount**  
**checks preferred**

**Make check payable to:**  
**Capitol City Quilt Guild or CCQG**  
Check # \_\_\_\_\_  
Amount Paid \$ \_\_\_\_\_