BEDFORD FRIENDSHIP QUILT GUILD

MEMBER APPLICATION

Date:			
Please (Circle one)	Renewal	New	
Please Print			
NAME:			
		eet number and full	
CITY:		STATE	ZIP CODE
E-MAIL:			
	CELL		
BIRTHDAY:			
		(Month and day	
****	******	**********	********
Program Ideas:			
Tips/Techniques you	ı would be wil	ling to share:	
 MEMBERSI 	HIP renewal st	arts June 1 and end	ls Sept. 30. Dues are \$30.00
		r February 1st dues	
• Please make check payable to BFQG and mail to Membership Chair:			
Celeste Catano, 20 Range Rd., Goffstown, NH 03045 or bring to a meeting.			
			eipt of your membership form and check. In you can print if you desire a hardcopy.
		-	er "Members only" and also provided by
			September meetings.
RENEWAL PAID:	Check #	Cash	Date: