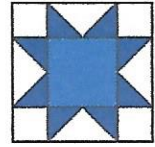




ESQG MEMBERSHIP FORM APPLICATION



DATE: _____

NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL ADDRESS:

BIRTHDAY - MONTH: _____ DAY: _____

DUES \$25.00 PER YEAR

CHECKS MADE PAYABLE TO ESQG

PAYMENT INCLUDED: \$ _____

BRING TO MEETING OR MAIL TO:

EVENING STAR QUILTERS GUILD OR
PO BOX 253
BELVIDERE, NJ 07823-0253

DARLENE KERR
17 MORNINGSIDE DR
BELVIDERE NJ 07823