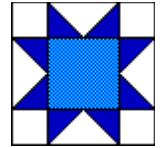


# ESQG MEMBERSHIP FORM APPLICATION



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  
104 VAIL STREET  
COLUMBIA, NJ 07832