

**San Juan Quilter's Guild
Membership Form
2012**

Name: _____ Birthday: Month: _____ Year: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Choose One: DAY EVENING BOTH AUXILLARY

Auxillary Sponsor's Name: _____

How would you like to receive your Guild newsletter? Choose one: EMAIL SNAIL MAIL