Membership Renewal Form Kansas Capital Quilters Guild, P. O. Box 3918, Topeka, KS 66604 Membership Period each year: July 1-June

| Date: | | | How do | you want to | receiv | e the newslet | ter? | E-mail: | | Pickup: | | |
|---|-------------|--|--------|-------------|--------|---------------|-------|-----------|--|---------|--|----------------|
| Name | | | | | | | Hon | ne Phone | | | | |
| Address | | | | | | | Cell | Phone | | | | |
| City State Zip | | | | | | | Wor | k Phone | | | | |
| | | | | | | | | k Ext. | | | | |
| Email | | | | | | | | | | | | |
| Year Joined Guild | | | | | | | Birth | n Date | | | | |
| Emerge | ncy Contact | | | | | | Eme | erg Phone | | | | |
| Regular \$30 | | | | | | | | | | | eas of the second of the secon | of e os) |
| Workshops I would like to attend (list subject, idea, or interest): | | | | | | | | | | | | |
| Rev. 05/2020 Tracquirer's Hea Only | | | | | | | | | | | | |
| v. U. | ,, 2020 | | | | Treas | urer's Use O | nlv | | | | | |

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Amount Paid \$

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