

CPQG 2009 Membership Form

Name (Print)

Last _____ First _____

Address _____

City _____ Zip _____ Day _____ Night _____

Birthday (M/D) _____

Phone _____

Cell _____

Work _____

Email _____

I give County Patches Quilt Guild permission to use photographs of me and my work in the newsletter and web-site.

Signature _____

Date _____

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