

Membership Renewal/Application Form Gulf States Quilting Association

Reviewed 2024

Name (Please Print):(First)		(Last)		
Please check h	ere if there have been no	changes in your ac	ldress, phone#, or er	nail address.
Address:(Street)		(Cit.)	(Chris)	(7in)
,		(City) Cell Phone #:	(State)	(Zip)
Important: Our qua	rterly newsletter (Quilt Ta re your email address liste	alk) and your memb	pership card will be s	sent via email.
Purpose of submittal:	Change Information	☐ Renewal ☐ N	New Member	Member
Check the lines that ap	ply to you and write the i	nformation on the l	ne(s), if applicable:	
I belong to the fo	llowing guilds:			
	er of a quilt guild and will b			
I would like to fin	d a local guild in the			area.
I have enclosed payme	nt for the following:			
Dues are \$30.00	per year (\$5.00 for Junio	r Member) = \$	Total amo	unt enclosed.
Please make check payak	ole to GSQA and mail with f	8215 Bircl	rs, GSQA Treasurer n Street ans, LA 70118	
Email your membership q	uestions to GSQA Members	ship Chair at <u>gulfstate</u>	squiltingassociation@c	gmail.com
Date received:	_ Cash/Money Order/Check #:_	Amount:	Date of Depos	sit:
Date entered in database:	New Expiration Date:	Date I	Membership Card emailed:	