



Hummingbird Stitches Quilt Guild Membership

April 1, 2026 to March 31, 2027

Returning members: Please list your name and only the information that has changed

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ Zip Code _____

Birthday (Month/Day Only) _____

Land Line Phone: () _____ Cell Phone: () _____

Email Address: _____

| <u>Check All That Apply</u> | |
|-----------------------------|--------------------------|
| New Membership | <input type="checkbox"/> |
| Renewal | <input type="checkbox"/> |
| Adult Membership \$35 | <input type="checkbox"/> |
| Junior Membership \$17.50 | <input type="checkbox"/> |
| Joining to enter Quilt Show | <input type="checkbox"/> |

I understand that the primary goal of the Hummingbird Stitches Quilt Guild is to promote interest in and an appreciation of quilting and fiber arts and to contribute quilts to the community. To achieve this goal, the Guild has quilt shows, various yearly projects, and monthly programs. By being a member of this Guild's projects, shows and programs I will share my time and talents as generously as I can for the betterment of the Guild.

I give consent for photos of myself and my property to be used in print media, on the Guild website, and on quilt show CDs for promoting Hummingbird Stitches Quilt Guild and its activities.

Signed: _____

Please make check payable to HSQG and mail to:

**Hummingbird Stitches Quilt Guild
P.O. Box 1326
Sierra Vista, AZ 85635**

Or deliver to the Membership Chair or Treasurer at a HSQG Meeting

| For Guild Use Only | |
|--------------------|--|
| Membership Number | |
| Check Number/Cash | |
| Amount Received | |
| Date Received | |

| | |
|--|-------|
| In case of an Emergency, Please Contact: (this information is voluntary) | |
| Name: | _____ |
| Phone Number(s): | _____ |