

Chelmsford Quilters' Guild Inc.
Adult Membership Form 2025-2026
Annual Dues - \$30

Circle One: New Member Renewal

(Please print legibly)

Name _____

Renewing members: Only fill in below if there are any changes.

New members: please fill in the following information:

Address _____

City, State, Zip _____

Phone # _____

Email address _____

The above information will be published in the membership directory and may be used for guild business, such as newsletter distribution, notices, reminders, and urgent announcements.

Please make your checks payable to: *Chelmsford Quilters' Guild, Inc.*

Kindly include an SASE, (self-addressed, stamped envelope), so your membership card can be mailed. Otherwise, you may pick it up at the next meeting.

Mail to: Membership Chairperson
 119 Acton Road
 Chelmsford, MA 01824

Signature _____ **Date** _____

Committee use only:

Date Paid _____ Cash _____ Check # _____ By _____