

Ohio Quilts!! - Membership Form

(Membership year is January to January)

New Member _____ Renewal _____ (_____) check # _____

Please print:

Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone number _____ e-mail address _____
(area code) (telephone number) (name@server.provider)

Newsletters will be sent via email if you have an email address. They will come from skycab@bright.net. Please add this email address to your list of approved senders.

**Individual Membership dues for one year is \$15.00.
Return this form with your check payable to Ohio Quilts!! to:**

**Patricia R. Magiste
Membership Director
Ohio Quilts!!
17795 Indian Hollow Road
Grafton, Ohio 44044-9234**

Please do not send any cash through the mail.

My interests:

_____ Making quilts	_____ Collecting quilts
_____ Quilt history	_____ Quilt preservation
_____ Traditional quilts	_____ Art quilts
_____ Other _____	
_____ Workshops _____	

Suggestions or ideas for possible activities for Ohio Quilts!! for the coming year(s).

I'd like to volunteer to help with _____