CHATTAHOOCHEE EVENING STARS (CES) QUILT GUILD MEMBERSHIP FORM

Please fill out the following i	information. This information i	is for CES Quilt Guild	business only.
Date	Your Birthday Month an	nd Day	
New Member	Renewing Member		
NAME			
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE			
CELL PHONE			
EMAIL ADDRESS			
•	Guild implies permission to publ r. It is my responsibility to provi	•	the CES membership directory, on the
objections. In addition, I am I	responsible for specifying any phour image with your quilt will he	notography limitations	prior to displaying any quilts at Show recognition in any pictures we publish
I acknowledge that I have re	ead the above information.		
		(Please sign he	ere)
Dues are \$50 each year, che	eck payable to CES. Please mail	this form with your c	heck to our treasurer:
Vicki Evaristo 3025 Oakside Circle			

Alpharetta, GA 30004