

Membership Application/Renewal

Name _____

Address _____

City/Zip _____

Phone _____ Email _____

January 1 - December 31, 2012
Type of membership
(Check appropriate box below)

| | | | |
|--------------------------|---------------------|---------|----------------------------|
| <input type="checkbox"/> | child up to 17..... | \$10.00 | Mail to MRQG P.O. Box 1317 |
| <input type="checkbox"/> | adult | \$25.00 | Philomath, OR 97370 |
| <input type="checkbox"/> | senior (65+) | \$20.00 | (or bring to the meeting) |
| <input type="checkbox"/> | over 80 | free | |

I can volunteer for the _____ committee.

Committees include: hospitality, service, library, The Firm (raffle quilt marketing).

Check this box if you are a new member.