Sierra Quilt Guild of Tuolumne County Membership Form

Date_____

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Tel. No.: _____ Email: _____

Date of birth: Month/Day

Please make your check payable to: **Sierra Quilt Guild** in the amount of $_____

Check #_____

GIFT (Choose One: Guild pin____ Cash_____

Guild tote____

Rev: 07/11/2026

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