Lake Michigan Sampler Guild Membership Form

| Please print: | |
|--|---------------------------------------|
| Name: | |
| Date: | |
| Renewal Membership | New Membership |
| Please fill out the information below for | or both new memberships and renewals: |
| Address: | |
| | |
| Clty/State/Zip: | |
| Home/Mobile Phone: | |
| Work Phone: | |
| Email address: | |
| May we publish your email address? | Yes No |
| Is this a change of address? | Yes No |
| How did you hear about LMSG? | |
| Annual Full Member Dues \$30 | Annual Associate Dues \$15 |
| Please make your check payable to La | ke Michigan Sampler Guild. |
| Lake Michigan Sampler Guild's dues ar | re due on January 1st of each year. |
| Mail this form and check to: | |
| Mary Draniczarek 6157 W. Warwick Ave. Chicago, IL 60634-2557 | |