



*WELCOME TO THE  
FRANKLIN COUNTY  
QUILTERS GUILD*

**Registration Form**

*Name:*

*Address:*

*Telephone number:*

*Email Address:*

*Please mark: New Member  or Renewal*

*Birthday: Month \_\_\_\_\_ Date \_\_\_\_\_ ONLY!!!*

Mail the completed membership form,  
along with a check for \$15 payable to FCQG,  
to Beth Jessiman, PO Box 1295, Jeffersonville, VT 05464