

DATE _____

New Member _____

Renewing Member _____

“QUILTERS IN STITCHES” QUILT GUILD

MEMBERSHIP FORM

NAME : _____ BIRTHDAY: (MM/DD) _____

ADDRESS : _____

CITY : _____ STATE : _____ ZIP : _____

PHONE NUMBERS, INCLUDING AREA CODE:

HOME : _____ CELL : _____

WORK : _____ FAX : _____

EMAIL ADDRESS : _____

LIST OTHER QUILT GUILDS YOU'RE A MEMBER OF (please include offices held):

ARE YOU A MEMBER OF GEORGIA QUILT COUNCIL? Yes No

If No, would you like info on joining (Dues are \$20 per year)? Yes No

Please check off any committee you would be willing to help with for this next year:

- | | | | |
|--------------------------------------|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Facilities | <input type="checkbox"/> Challenge | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Awards | <input type="checkbox"/> Historian/Scrapbook | |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Ways & Means | <input type="checkbox"/> Community Service | |

Tell us about your quilting experience:

List your current interests in fabrics, trends, and collectibles:

ADDITIONAL INFO:

GUILD USE ONLY BELOW THIS LINE:

DUES PAID AMT: \$ _____ Check#: _____ DATE: _____

(Write CASH in space above, if applicable)

Mail this application (OR turn it in to membership at a meeting), along with your \$24 dues to:
Quilters In Stitches, PO Box 362, Grayson, GA 30017 Attn: Membership