

MEMBERSHIP APPLICATION

DATE _____ New Member ____ Renewal ____ **Dues \$20 per year due 1 March**

NAME _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Email Address for Newsletter

DOB (MM/DD only) _____

How do you rate yourself as a quilter/piecer?

Never attempted ____ Beginner ____ Intermediate ____ Advanced ____

What style of quilting do you like? (check all that apply)

Traditional ____ Contemporary ____ Primitive ____ Artistic ____ Applique ____
Piecing ____ Miniatures ____

What type of quilting classes, programs, workshops, projects or activities would you like to see offered to our membership?

In what areas (skills) do you want your membership in the guild to help you improve?

My areas of expertise or interest that I would be willing to share with AHQG (teaching, demos, speaker, officer, Chairperson, etc.):

