

QUILTER'S GUILD OF ARLINGTON
MEMBERSHIP REGISTRATION FORM
PLEASE PRINT!

Name _____

Address _____

City _____ State _____ Zip _____

Home _____

Cell _____

Work _____

e-mail address _____

Birth Date (month/day) _____

What is your Quilting Experience? Beginner ___ Intermediate ___ Advanced ___ Professional ___

Would you like to serve on a committee? ___

Would you be interested in serving as an officer? ___

What programs and activities would you like the guild to provide? _____

Other Comments or Suggestions?

Membership fees:

() **New Member/Renewal** \$30 _____

() **Senior (65-84)** \$25 _____

() **Super Senior Saver (85 and older)** \$0 _____

() **Printed Newsletter** \$5 _____ **subscription**

Total _____

Cash _____ check _____ amount paid _____

Date: _____