

Sherman Quilt Makers Membership Form

Membership Year: _____

Month Join	Dues
Oct, Nov, Dec, Jan, Feb, Mar	\$30
Apr, May, Jun, Jul, Aug	\$15 (only applies to individuals who were not members in the prior guild year)
September – New Member Wanting to Join	\$30 (applied to “new” guild year)

Make Checks Payable to Quilt Makers Guild

Mail to: Quilt Makers Guild-Membership, PO Box 1581, Sherman, TX 75091

Membership Designation (Please Check the Box That Applies)

- I'm a New Member
 I'm renewing my membership
 I'm rejoining (I was a past member, but not a member last year.)

Please PRINT clearly all information

Date: _____

Name: _____

Birthday (month/day): _____

Address: _____

City and Zip: _____

Phone #'s: Home (_____) _____

Cell (_____) _____

E-Mail Address (please carefully print your e-mail address)

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Comments/Suggestions/Ideas to Pass Along to the Board:

Method of Payment and Amount:

Amount: _____ Cash: _____ Check #: _____

We encourage all guild members to complete the questionnaire on back of this form. Thank you.

Member Questionnaire

I am interested in volunteering for a board position. (select all that apply)

Please have the nominating committee contact me.

- President VP of Membership VP Programs Treasurer Secretary

I am interested in volunteering for the following committee(s) (select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Activities/Exchange | <input type="checkbox"/> Bus Trip Coordinator | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Door Prize | <input type="checkbox"/> Event/Workshop Coordinator | <input type="checkbox"/> Fiscal Committee |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Guild Retreat Coordinator | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Nomination | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Parliamentarian | <input type="checkbox"/> Publicity | <input type="checkbox"/> TAQG Representative |

Tell us about yourself.

- I am a new quilter I am an intermediate quilter I am an experienced quilter

What type of quilting aesthetics and/or techniques interest you. _____

What type of quilt pattern, block or technique you would most like to learn. _____

Quilting Service Information:

I provide the following quilting services:

- Long Arm Quilting
 Hand Quilting
 Other, specify: _____

Yes! Please include my service information on the guild's website. Only quilt-related services will be listed. List in Members Only Area List on the Website

Name: _____

Phone: _____

E-Mail: _____