



COLUMBINE QUILT GUILD

2017 MEMBERSHIP - \$25 annual dues are payable by January 1, 2017

____ New Member

PLEASE PRINT

____ Renewing Member

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Home Phone _____ Cell Phone _____

Date of Birth (Month/Day) _____

Newsletters are e-mailed to everyone unless you opt out.

Please share your quilting skill level:

_____ Beginner _____ Intermediate _____ Advanced

Do you have a website? _____

Are you interested in serving on the Board or a committee?

_____ Yes _____ No If Yes, which one(s) _____

Are you interested in joining a quilting bee/small group?

_____ Yes _____ No

Do you have a lecture or quilting skill that you would like to present to the guild?

_____ Yes _____ No

Please complete this form and return to the next guild meeting or mail to:

Columbine Quilt Guild/Membership
P.O. Box 1804
Arvada, CO 80001-1804

Date: _____

Cash \$ _____

Check # _____