

# Sherman Quilt Makers Membership Form

Membership Year: \_\_\_\_\_

Month Join	Dues
Oct, Nov, Dec, Jan, Feb, Mar	\$25
Apr, May, Jun, Jul, Aug	\$13 (only applies to individuals who were not members in the prior guild year)
September – New Member Wanting to Join	\$25 (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:**

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**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 Chair      | <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: \_\_\_\_\_