

TWIN RIVERS QUILTERS GUILD
APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Cell #: _____ Email: _____

(Please **print** clearly as a number or letter can look the same)

Date of Birth: Month: _____ Day: _____ Date Joined: _____

New Member Fee - \$30.00 _____ Fee after July 1st - \$15.00 _____

SKILL LEVEL: Beginners _____ Intermediate _____ Advanced _____

Personal Information

Please tell us something about yourself (where you moved from, when you started quilting, have you ever taught a quilting class, what other hobbies you have, etc.)

How did you hear about us: Brochure _____ Quilt Show/store _____ other _____

Please return completed membership form & check (made out to Twin Rivers Quilters Guild to:

**Twin Rivers Quilters Guild
c/o Janet Olsen
3902 Sienna Drive
New Bern, NC 28562**

If you have any questions or need additional information, please contact Janet Olsen, Membership Chair at 703-587-5830, janetned.olsen@gmail.com or www.twinriversquiltersguild.com

For Membership Information Only

Date Application Received _____ Check # _____ Amount _____

Date Membership Packet mailed/hand delivered _____