

# TWIN RIVERS QUILTERS GUILD

## APPLICATION

Name: \_\_\_\_\_ Spouses Name (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home #: \_\_\_\_\_ 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 1<sup>st</sup> - \$15.00 \_\_\_\_\_

***A NEW MEMBER MUST BE A MEMBER IN GOOD STANDING FOR THREE MONTHS BEFORE THEY CAN PARTICIPATE IN THE FOLLOWING GUILD EVENTS: RETREATS & CLASSES BY NATIONAL TEACHERS***

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.)

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Board/Committee position you would be interested in serving: President \_\_ VPresident \_\_ Treasurer \_\_  
Secretary \_\_ Membership \_\_ CWS \_\_ Newsletter \_\_ Charity Quilts \_\_ Library \_\_ Web site \_\_  
Sunshine \_\_ Historian \_\_ Block of the Month \_\_ Retreats \_\_ Day of Sharing \_\_ Quilt Show \_\_  
Raffle Quilt \_\_

(Check with Membership for board and committee details)

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 Olesen  
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

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### **For Membership Information Only**

Date Application Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Date Membership Packet mailed/hand delivered \_\_\_\_\_