



Clustered Spires Quilt Guild

Membership Form	
Name:	
Address:	
Home Phone:	Cell Phone:
Date of Birth:	Email:

Are you new to the area? Yes No

If so, where did you move from? _____

Are you new to quilting? Yes No

If no, how long have you been quilting? _____

Have you belonged to other guilds? Yes No

If so, which ones? _____

What are your expectations of a quilt guild? _____

How did you hear about our quilt guild? A friend Facebook Website Other

What quilting skills would you like to learn or improve?

Suggestions for programs, speakers, or workshops:

Quilting skills that you could share with guild members:

Dues per year (Jan thru Dec): \$30.00

Amount Paid: _____ Date: _____