



CLARK COUNTY QUILTERS MEMBERSHIP APPLICATION

P.O. BOX 5857
VANCOUVER, WA 98668-5857

\$40 Yearly Dues (July 1st through June 30th)

www.clarkcountyquilters.org

APPLICANT INFORMATION - PLEASE PRINT

Name: \_\_\_\_\_ [ ] New Member [ ] Renewing Member

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Texting OK? yes [ ] no [ ]

Street Address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ [ ] [ ]

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Optional - Birthday (no year!) Month: \_\_\_\_\_ Day: \_\_\_\_\_

Optional - If you DO NOT want your address in the membership list, check here [ ]

Optional - If you DO NOT want any contact information in the membership list, check here [ ]

Optional - I would like to make an additional donation to the guild \$ \_\_\_\_\_

QUILTING INTERESTS

If you belong to any small local quilt groups (not guilds) please complete the following:

Group Name \_\_\_\_\_ Leader/Coordinator Name \_\_\_\_\_ Is the group accepting new members? [ ] yes [ ] no

If you would like to join a small group, what is your time preference? [ ] day [ ] evening [ ] weekend

You would like to attend a class about: \_\_\_\_\_

You would like to teach a class about: \_\_\_\_\_

QUILT RELATED BUSINESS INFORMATION

Check boxes if you do any of the following for PAY: [ ] Machine Quilt [ ] Complete Unfinished Projects [ ] Binding [ ] Hand Quilt [ ] Other: \_\_\_\_\_

If you own a quilt related business, please provide the following information for our membership page.

Business Name: \_\_\_\_\_ Website Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

FOR OFFICIAL USE ONLY

Table with 3 columns: Date, Received by, Amount Paid, Lifetime Member? and 3 columns: Check #, Cash, Other, Receipt #, Data Entry by, Data Entry Date, Member ID.