

INLAND EMPIRE QUILTERS QUILD

Membership Application

Please fill in as much information as you can as this helps the guild know who you are. All items with "*" next to them must be provided. Once completed please return this application along with dues to membership chairperson: Carrie Alldis, 951-870-9481 or gmacarrie1957@yahoo.com

*Name: _____

*Cell Phone: _____ *Land Line/Home Phone: _____

*Address: _____ *Birthdate: _____

*Email: _____

City you were born: _____

How long have you lived in the area? _____

Husband/Wife/Significant other/Kids/Grandkids? _____

How long have you been quilting? _____

Who got you into quilting? _____

What type of quilting do you like most? _____

What kinds of hobbies do you have OTHER than quilting? _____

What are your favorite colors? _____

Retired or Still Working? _____ if working, what do you do? _____

What is something unique or different about yourself that most people wouldn't know?

For membership chair only:

Date joined: _____ Amount paid: _____

Dues to Treasurer: _____ Newsletter notified: _____

2nd VP notified: _____ E-mail updated: _____

Database: _____ Webmaster notified: _____