

# NEVADA QUILT GUILD INDIVIDUAL MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION (BEFORE RETIRING): \_\_\_\_\_

HOW LONG HAVE YOU BEEN A QUILTER? \_\_\_\_\_

WHAT SHOWS DID YOU ENTER? \_\_\_\_\_

HAVE YOU BEEN AWARDED PRIZES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, WHAT WERE THE PRIZES? \_\_\_\_\_

HAVE YOU BEEN INVOLVED IN PLANNING A QUILT SHOW? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, DESCRIBE INVOLVEMENT: \_\_\_\_\_

AS A MEMBER OF THE NEVADA QUILT GUILD, WILL YOU BE ACTIVE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF SO, IN WHICH OF THE FOLOWING AREAS?

OFFICER: Pres \_\_\_\_\_ VP \_\_\_\_\_ Sec \_\_\_\_\_ Treas \_\_\_\_\_ Board Member \_\_\_\_\_

NEWSLETTER: \_\_\_\_\_ MEMBERSHIP: \_\_\_\_\_ HISTORIAN: \_\_\_\_\_ WEBMASTER: \_\_\_\_\_ LIBRARIAN: \_\_\_\_\_ PUBLIC

RELATIONS: \_\_\_\_\_ PARLIAMENTARIAN: \_\_\_\_\_ COMMUNITY LIAISON: \_\_\_\_\_ TEACHER: \_\_\_\_\_ QUILT SHOW COMMITTEE: \_\_\_\_\_

I WOULD LIKE TO BECOME A MEMBER OF THE NEVADA QUILT GUILD

I AM NOT AFFILIATED WITH A CHARTERED CHAPTER, ENCLOSED IS MY \$25 ANNUAL MEMBERSHIP DUES

I AM AFFILIATED WITH \_\_\_\_\_ A CHARTERED CHAPTER, ENCLOSED IS MY \$20 ANNUAL MEMBERSHIP DUES

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VERIFIED BY CHARTERED CHAPTER: \_\_\_\_\_ DATE: \_\_\_\_\_ ACCEPTED

NQG: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return membership application and dues to: Nevada Quilt Guild, P.O. Box 5265, Fallon, NV 89407