

NEVADA QUILT GUILD INDIVIDUAL MEMBERSHIP APPLICATION

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

OCCUPATION (BEFORE RETIRING): _____

HOW LONG HAVE YOU BEEN A QUILTER? _____

WHAT SHOWS HAVE 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 FOLLOWING AREAS?

OFFICER: PRES: _____ VP: _____ 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 IN 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 89447