



APPLICATION FOR MEMBERSHIP

Today's Date: _____

PRINT your name as you want it listed in the TBQ Directory (nickname or given name)

NAME _____
Last First Middle

Mailing Address: _____
Street

City ZIP CODE

Home Phone: (____) _____ Cell: (____) _____

e-mail Address: _____

Birthday Month: _____ Day: _____

Membership Status: _____ New _____ Renewal

How long have you been quilting? _____

Alternate Address (list only if you are there for more than three months each year):

Street

City State ZIP CODE

Alternate Phone: (____) _____ What months are you there? _____

For Committee use

Admitted to Membership _____ Payment received _____ Amount _____ Check # _____ Cash _____
Date by (Initial)

Receipt Given _____ New Member Guide _____ Directory _____ Photo taken _____ Name Badge Ordered: _____

Membership Card Made: _____ Added to: Directory _____ Attendance Roster: _____ Birthday List: _____

Refreshment List: _____ Notifications: Web Team: _____ Newcomers Chair _____ Hospitality: _____