

Quilters Guild of Plano
Membership Application

Name: _____ New ___ Renewal ___ Returning former member ___

Address: _____ City _____ TX or _____ ZIP: _____

Cell Phone: _____ Work: _____ Home: _____

Email: _____

Birth Date (month/day): _____ Spouse's first name: _____ / N/A

List your current QGP Small Group(s): _____

If interested in joining a small group, check which time you prefer: Morning Afternoon Evening

Skill you can share _____

Of the many volunteer opportunities available in the Guild, please indicate those which interest you:

Board and Committee Positions:

___ President ___ Community Service ___ Guild Activities ___ Finance
___ Programs ___ Quilt Show Chair ___ Membership ___ Treasurer
___ Secretary ___ Education ___ Media ___ Webmaster

Please indicate your preference and interests in the guild:

___ Education: ___ Guild Activities ___ Community Service:
___ Adult ___ Hospitality/ Welcome ___ Quilts of Valor
___ Children ___ Beekeeper ___ Distribution
___ Organizations ___ Door Prizes ___ Prep work
___ Quilt Show Demos ___ Help w/ Workshops ___ Newsletter
___ Quilt Show Committee ___ Nine Patch/ Farewell gift ___ Special Projects

Please share your talents:

___ Computer Skills ___ Art Quilts ___ Financial Skills ___ Teacher
___ Social Media Skills ___ Machine Embroidery ___ Insurance ___ Have a long arm
___ Photography

Mail your completed form with a check (payable to QGP) to the following address:

Christi Ables 2016 Macao Place, Plano, TX 75075

Membership dues are \$35.00. Family membership is \$10.00 per additional family member. Family members are defined as a second adult in a household, any children under 18 in the household and all grandchildren under 18.

Check the box if you want your information **excluded** from the guild directory on the web site. Indicate what information you want **excluded**. _____

The Quilters Guild of Plano does not discriminate on the basis of race, color, national origin, sex, or handicap.

For Office Use Only: New: _____ Renewal: _____ Member #: _____

Date Received: _____ Cash Charge Check # _____ Amount \$ _____