



CLARK COUNTY QUILTERS MEMBERSHIP APPLICATION
P.O. BOX 5857
VANCOUVER, WA 98668-5857
www.clarkcountyquilters.org

\$25 Yearly Dues (July 1st through June 30th)

APPLICANT INFORMATION – PLEASE PRINT

Name: _____ New Member Renewing Member
Texting? --> yes / no

Email Address: _____ Primary Phone: _____

Street Address: _____ Secondary Phone: _____

City: _____ State: _____ Zip+4: _____

Optional – Birthday (no year!) Month: _____ Day: _____

Optional – Please DO NOT SHOW in the membership directory:

	Address	Email	Primary Phone	Secondary Phone
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QUILTING INTERESTS

If you belong to any small local quilt groups (not guilds) please complete the following:

<u>Group Name</u>	<u>Leader/Coordinator Name</u>	<u>Is the group accepting new members?</u>
_____	_____	yes no
_____	_____	
_____	_____	

day evening weekend

If you would like to join a small group, what is your time preference?

You would like to attend a class about: _____

You would like to teach a class about: _____

QUILT RELATED BUSINESS INFORMATION

Machine Quilt Complete Unfinished Projects Hand Quilt

Check boxes if you do any of the following for PAY:

Other: _____

If you own a quilt related business, please provide the following information for our membership business reference.

Business Name: _____ Website Address: _____

Business Address: _____

Business Phone: _____ Business Email: _____

FOR OFFICIAL USE ONLY

Date: _____	Check #: _____	Data Entry by: _____
Received by: _____	Cash: _____	Data Entry Date: _____
Amount Paid: _____	Other: _____	Member ID: _____
Lifetime Member? _____	Receipt #: _____	