

Country Star Quilt Guild Membership Application

(Please Print)

Name _____

Address _____

City/State/Zip _____

Phone # Home _____ Cell _____

Text ? Yes _____ No _____ Facebook: Yes _____ No _____

Email _____

Birthday _____

Emergency Contact: _____ Phone: _____

What would you say is your current level of quilting experience?

Advanced _____ Intermediate _____ Beginner _____ Want to Learn How _____

_____ I give my permission to include my contact information & photo in the guild printed directory.

_____ I give my permission to include my contact information & photo in a PRIVATE Members Only section on our website. www.countrystarquilters.org

Signed: _____

Date: _____

For Membership Committee to complete:

2019/2020 Dues: _____ Date Paid: _____ Check#: _____ Cash: _____

2020/2021 Dues: _____ Date Paid: _____ Check#: _____ Cash: _____

2021/2022 Dues: _____ Date Paid: _____ Check#: _____ Cash: _____

2022/2023 Dues: _____ Date Paid: _____ Check#: _____ Cash: _____

2023/2024 Dues: _____ Date Paid: _____ Check#: _____ Cash: _____