



**AQA**  
Art Quilt Alliance  
Membership Form 2023-2024

Date \_\_\_\_\_

First \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mobil # \_\_\_\_\_ Home/Work # \_\_\_\_\_

Email \_\_\_\_\_ Year joined AQA \_\_\_\_\_

Birthday Month \_\_\_\_\_ Day \_\_\_\_\_

Which committee are you interested in volunteering with? Venue \_\_\_\_\_

Exhibit Installation \_\_\_\_\_ Membership \_\_\_\_\_ Website \_\_\_\_\_

Facebook \_\_\_\_\_ Marketing \_\_\_\_\_ Workshops \_\_\_\_\_

Other \_\_\_\_\_

Are you interested in presenting at one our meetings? Yes No

Topic \_\_\_\_\_ 30 minutes 60 minutes

Comments \_\_\_\_\_

\_\_\_\_\_

Dues \$35 a year, Sept - May **Check made out to AQA.**

Mail to Donalee Kennedy 1593 Arlington Ave, Unit A, Marble Cliff, OH  
43212