

## WCQG Member Information Sheet

Full Name: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Member Since: \_\_\_\_\_

Birthday: \_\_\_\_\_

Anniversary: \_\_\_\_\_

I have been quilting since: \_\_\_\_\_

I have done: \_\_\_\_\_

Check Yes or No  
Degree of Expertise (1-5; 5 being the best)

	Yes	No	Degree of Expertise
Paper Piecing			
Standard Piecing (Rotary or Templates)			
Hand Applique			
Machine Applique			
Machine Quilting			
Long Arm Quilting			
Hand Quilting			
Pattern Designing			
Taught Quilting Lessons			
Favorite Colors to use in a quilt			
Favorite Fabric Style			
Favorite Block(s)			
Favorite Quilting Tips			
Favorite Quilting Magazine or Book			