

Hearts and Hands/ECA Quilters' Guild Membership Questionnaire

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Birthday (M/D): _____

Home Phone Number: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Food Allergy: _____ Veteran (Y/N): _____ Favorite Color: _____

Quilting Experience: _____ New Quilter _____ Experienced Quilter _____ Advanced Quilter

I would like to learn (L) or teach (T):

Skill/Technique	L	T
Applique', hand		
Applique', machine		
Color selection		
Crazy quilt		
Hand quilt		
Machine quilting		
Trapunto		
Landscape		
Miniature quilts		
Foundation piecing		
English paper piecing		
Dyeing fabric		
Wearable art		
Quilt design		
Other:		
Other:		

I am willing to serve the Guild by:

Organizing trips	
Mentoring a new quilter	
Serving as an officer	
Serving as a chairperson	
Serving on a committee	
Nominating	
Quilt show	
By-law revision	
Hospitality	
Library	
Publicity	
Community projects	
Webmaster	
Membership	
Sunshine	

____ As a member of the Hearts and Hands/ECA Quilters' Guild and in accordance with the By-Laws of the Guild, I agree to be responsible for the sale of a minimum of 20 tickets for any Hearts and Hands raffle quilt.

Signature: _____ Date: _____