



AQA  
Art Quilt Alliance  
Membership Form 2025-2026

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 \$40 a year, Sept - May Cash or Check made out to AQA.

If you mail the check please send to our Treasurer;  
Natalie Mouw, 2405 Miller Paul Road, Galena OH 43021