# Art Quilt Alliance Membership Form 2026-2027

First Name _____ Last Name _____

Street Address _____

City, State, Zip _____

Area/Neighborhood _____

Are you able to provide transportation for a nearby member if needed?

Not able _____ Occasionally _____ Regularly _____ Already doing this _____

Phone: Cell/Mobile _____ Home/Work _____

Email _____ Year joined AQA _____

Birthday: Month _____ Day _____

In which committee(s) might you be interested in becoming involved (even in a small way)?

Venues/Installation _____ Membership/Outreach _____ Website _____ Other? _____

Comments:

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

Topic _____ 30 Minutes _____ 60 Minutes_____

Topic _____ 30 Minutes _____ 60 Minutes_____

Comments:

What suggestions do you have for AQA leadership to consider (e.g., meeting topics, meeting procedures, member recruitment, outreach activities, venue ideas, exhibit themes, online presence, etc.)?

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Dues: $40 per year, Sept – May Cash or check made out to AQA