

MEMBERSHIP APPLICATION

Please Print:			Date:	
Name:			_ DOB:	 Mo. / Day
Address:				
City:		State:		Zip:
Phone:		E-mail:		
Sponsor:				_
quilting arts; attend meeting will be dropped from the mon at least one committee, New members shall be sp. Constitution. A sponsor will	ostall Quilt Guild, Inc., membigs; pay dues to the Guild by the membership list); be an active or be involved in one projections or be a guild membership by a Guild membership libe assigned, if needed. The resource person to them as	he November mee e participant in the et per year. er and receive a o sponsor will guide	ting (after which Guild by serving Copy of our m	ch the unpaid members ng on the board, sitting nember Handbook and
Annual dues are due by No	vember 1 of each year. Men	nbership dues is \$2	24.00 per year	
Make checks payable to:	Thumbstall Quilt Guild PO Box 27 Marcellus, NY 13108			
Or bring to the next Month Church, 1 Slocombe Ave, N	ly meeting (on the third Tue larcellus, NY.	sday of the month) at Marcellus	United Methodist
What quilting interests do	you have for future program	s or workshops?		
Do we have your permission guild's website and/or Face	n to photograph you and/or book?	your quilts and pu	ıblish them in t	the newsletter, on the
YES NO S	igned:			·