

BAY OAKS QUILT GUILD

Membership Application 2026

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Month/Day of Birth: _____

Phone #: Cell _____ Home _____

Email: _____

Level of quilting experience: Beginner _____ Intermediate _____ Advanced _____

What quilting techniques are you interested in learning more about? _____

Are you a Hand quilter _____ Machine quilter _____ or enjoy both _____?

Would you like your name on the roster for general membership use? Circle one: Yes No

Are you a member of other quilt guilds or organizations? GSQA _____ MQA _____ AQS _____

Other _____

Annual Dues Start 1/1/2026 Regular Membership \$15 _____ (Junior Membership \$1____)

Date Membership Dues Paid: _____ Cash _____ or Check _____ (check, # _____)

Please return form and dues at a meeting, or mail to: Marsha Robertson

705 Parkwood Drive

Long Beach, MS 39560

c: 228-547-5762