

Calico Cut-Ups Quilt Guild Membership Form

Date _____

Name _____

Cash ___ CC___ Check # _____

Address _____

Renewal _____ New _____

City/State/Zip _____

or mail \$35.00 dues to:

Phone _____

Calico Cut-Ups

Email _____

PO Box 5481

Birthday _____

Bella Vista, AR 72714

Please complete the information below so we have a better understanding of our members.
Thank you!

I am originally from (state) _____

In my "past" life, I was a (teacher, CEO, etc.) _____

I serve/have served as a community volunteer doing _____

Besides quilting, my other passions/hobbies/hidden talents are _____

I would like to learn more about _____

I would like to hear a speaker on the topic of _____

I would be interested in a workshop on _____

I could teach a workshop or help members with _____

I am/have been a member of another quilt guild. Where: _____

I have previously served in a quilt guild as _____

I may be interested in serving this guild as a future officer and/or on a committee as _____

I am interested in joining a CCU Small Group. Area of interest _____

Other comments: