

# Wallowa Mountain Quilters' Guild

**Membership Information** - Please print this page, fill out the information, and mail it along with \$20 Membership dues to the address below.

Guild Use: Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

=====

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Birth Day and Month: \_\_\_\_\_

Email address: \_\_\_\_\_

~~~~~

Experience: Do you consider yourself a beginner \_\_\_\_\_, intermediate \_\_, or advanced \_\_\_quilter?

Years as a quilter? \_\_\_\_\_ Number of quilts completed? \_\_\_\_\_

Sewing/Quilting/Needle Work Experiences: \_\_\_\_\_

What could you teach one on one? \_\_\_\_\_

or in small group? \_\_\_\_\_

or large group? \_\_\_\_\_

Sewing/Quilting/Needle Work Personal Challenges: \_\_\_\_\_

What skills or techniques would you like to learn? \_\_\_\_\_

What information do you want shared with the guild members? Personal/Professional background in past and currently? Family? Work? other hobbies or interests?

Quilting preferences: \_\_\_\_\_ Favorite patterns, \_\_\_\_\_

colors, \_\_\_\_\_ designs, \_\_\_\_\_

size, \_\_\_\_\_ types of fabrics? \_\_\_\_\_

Least favorite or most challenging of the previous categories? \_\_\_\_\_

Allergies / Food Intolerance: \_\_\_\_\_

Emergency Contact 1 Name & phone number: \_\_\_\_\_

Emergency Contact 2 Name & phone number: \_\_\_\_\_