

EVERETT QUILT GUILD Registration – 20_____

info@everettquiltguild.org

Please Print and fill in all information

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell #: _____ E-mail: _____

What areas of quilting are you interested in learning about? _____

Small groups are intended for the convenience and enjoyment of members as they explore specific areas of quilting (i.e. scrap quilts, applique, and hand quilting, just to name a few). Would you like to establish/join a small group? Yes___ No ___

Are days or evenings better for you? _____

Release of photos of yourself, quilts, craft items, and/or participating at an Everett Quilt Guild event.

By signing your name here, you are giving Everett Quilt Guild permission to take pictures of yourself, quilts, craft items, and/or participating at a guild event being shared on the Everett Quilt Guild website. If you do not want your picture, quilts, craft items and/or participating at an Everett Quilt Guild event on the Everett Quilt Guild website, please DO NOT sign.

Signature Date

Everett Quilt Guild is a Non-Profit Organization. Everett Quilt Guild will not share any of your information with any outside source. The information provided here is only for guild use.

GUILD USE ONLY:

New Member: _____ Renewing Member: _____ Member Since: _____ Date: _____

Dues Received: \$ _____ Cash _____ Check #: _____ Received By: _____

Receipt #: _____ Money to Treasurer: _____

Membership Card Issued: _____ E-mail Address to newsletter: _____

Added to Roster: _____ Info to VP: _____

Release to Website Chairperson: _____