



CLAMSHELL QUILT GUILD

Membership Application Form
September 2019 to September 2020

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City, State, and Zip: _____

Phone Number including Area Code: _____

Email Address: _____

Membership Status: New Member Renewal

**PLEASE SIGN AND INCLUDE YOUR EMAIL ADDRESS IF YOU WISH TO HAVE YOUR
EMAIL ADDRESS SHARED WITH GUILD MEMBERS ONLY**

SIGNATURE _____ **EMAIL ADDRESS** _____

Just as it takes many stitches to complete a quilt, it takes many members to share the workload of the Clamshell Quilt Guild. *Please volunteer for one or more of our committees and you will be contacted by the committee chairperson when appropriate. THANK YOU!!*

- | | |
|--|---|
| <input type="checkbox"/> Block of the Month <u>2020-2021</u> | <input type="checkbox"/> Current Events / Information station |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Membership <u>June, 2020</u> |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Sunshine | <input type="checkbox"/> Show and Tell |
| <input type="checkbox"/> Ways and Means | <input type="checkbox"/> Programs and Workshops |
| <input type="checkbox"/> Holiday Quilt <u>2020</u> | <input type="checkbox"/> Website |
| <input type="checkbox"/> Machine Quilting Guild Projects | <input type="checkbox"/> Welcome Committee |
| <input type="checkbox"/> Demos /Teaching Techniques | <input type="checkbox"/> Quilt Show 2020 |

Membership dues are \$30. Make checks payable to **Clamshell Quilt Guild** and bring to a meeting of the Guild or mail to: **Clamshell Quilt Guild, P O Box 3, Waterford, CT 06385**

FOR MEMBERSHIP COMMITTEE USE ONLY Date: _____

Paid by: Cash _____ **or Check #** _____ **Received by:** _____