

Keepsake Quilters Guild Application for Membership

Membership Chair: Sheryl McGovern
Membership Chair-Elect: Position Open

Membership Year 2022-2023 New _____ Renewal _____ Date: _____

First Name: _____ Last Name: _____

Membership book: No changes: _____ Change as shown below: _____

Address: _____

City, Zip _____

Phone – Home _____

Work _____

Cell _____

Email: _____

Birthday: _____
(Month/Day)

Please tell us a little about yourself.

Favorite Color: _____

What are your quilting interests (applique, piecing, etc): _____

What got you into quilting and how long have you been quilting: _____

Anything else you would like to share about yourself: _____

Print this form with your check payable to **Keepsake Quilters** for \$30.00 (\$15.00 after Dec. 1 for **new members only**). Mail to: **Keepsake Quilters Guild, P.O. Box 1043, Cedar Falls, IA 50613**; or take this form with your check to the next meeting.