

Rockbridge Pieceworkers Quilt Guild
Membership Application

Name: _____

Address: _____

Phone: _____ Home
_____ Cell

Email: _____

Birthdate: _____ Month / Day

Areas of Quilting Interest:

Brief History: (level of expertise, how long quilting, etc)

Mail to: Margo Carpenter
149 Sky View Lane
Rockbridge Baths, VA 24473