

NORTH WIND QUILTERS GUILD
Fairfield, CA (Day Meetings) / Vacaville, CA (Night Meetings)
MEMBERSHIP APPLICATION

NAME: _____ DATE: _____
 Last First MI

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE # : _____ CELL. LANDLINE

BIRTHDAY (Month/Day): _____

EMAIL ADDRESS: _____

DAY OR NIGHT MEETINGS: _____

Please return this completed application to the Membership Co-Chairs:

Debbie Peterson

rainbowmom1031@comcast.net

707-803-3114

Diane Taylor

misty397@aol.com

707-246-4691

New Member: _____ Membership #: _____ Date: _____

Checklist:

1. Membership Pin
2. Membership Card
3. Brochure
4. Pattern for Name Tag
5. Copy of By-Laws
6. Membership Roster
7. Monthly Newsletter
8. Payment Received: Cash \$: _____ Check \$: _____ Check #: _____

Membership Chairperson Signature: _____ Date: _____

Where did you hear about us? _____