New Member Form
DATE:
First Name $\qquad$ Last Name $\qquad$
Address: $\qquad$ Phone $\qquad$
Town/State/Zip $\qquad$ Cellphone $\qquad$
EMAIL: $\qquad$ Birthday: Month $\qquad$ Day $\qquad$

PHOTOS of me and/or my quilts from Show and Tell, workshops \& events CAN be posted to the CHQ website and be printed in the CHQ Newsletter :YesNo

The CHQ Newsletter and President's Bulletin will be emailed to you monthly. (If you do not have email, check here $\square$ )

## Quilting interests/other information:

I consider myself a.... Beginner Quilter Intermediate Quilter Experienced/Advanced Quilter
I prefer... (circle all that apply) Traditional Quilts Contemporary Quilts Art Quilts
I am interested in .... (circle all that apply) Machine Piecing Paper Piecing Hand Piecing Applique (Machine / Hand) Embellishments Fabric Dyeing Quilting (Hand / Machine) Other

I am available to attend workshops on Sundays $\square \mathrm{Yes} \square$ No If yes, I prefer a 3 hr workshop $\qquad$ 6 hr workshop $\qquad$ Either is OK $\qquad$
I would be interested in teaching a workshop about $\qquad$

MAIL TO: Courthouse Quilters, 203 Main Street, Suite 182, Flemington, NJ 08822

CHQ website: www.courthousequilters.org
CHQ email:
courthousequiltersguild@gmail.com

This Area is for the Membership Committee
Paid: Amount: $\qquad$ Check\#/Cash- $\qquad$ Initials $\qquad$ DATE: $\qquad$
$\qquad$
$\qquad$ Name Tag Generated $\qquad$

