





New Member Form Dues: \$35.00 effective for the year: _____

DATE:	_		
First Name	L	ast Name	
Address:		Phone	
Town/State/Zip		Cellphone	
EMAIL:		Birthday: Mon	othDay
	• •	and Tell, workshops & evaluation of the desired terms and the desired terms and the desired terms are desired to the desired terms are desired terms are desired to the desired terms are desired to	•
The CHQ Newsletter	· will be emailed to you	monthly. (If you do <u>not</u> h	ave email, check here □)
Quilting interes	ts/other informati	on:	
I consider myself a	Beginner Quilter Inter	rmediate Quilter Experie	enced/Advanced Quilter
I prefer (circle all tha	nt apply) Traditional Quilts	Contemporary Quilts	Art Quilts
Applique (Machine / H		chine Piecing Paper Pie Fabric Dyeing Quilting —	•
If yes, I prefer a 3 hr		kshop Either	
I would be intereste	d in teaching a worksho	p about	
MAIL TO: Court	house Quilters, PO Box 1	192, Flemington, NJ 08822	
CHQ website: www.	courthousequilters.org	CHQ email: courthouse	quiltersguild@gmail.com
This Area is for the Me Paid: Amount:		Initials	DATE:
Membership Card Gene	erated Added to	Database Na	me Tag Generated