North Wind Quilt Guild
Membership Application
2025

NAME:_____ DATE: _____
Last First

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ Cell or Landline

EMAIL ADDRESS: _____

BIRTHDAY (Month/Day): _____

DAY OR NIGHT MEETINGS: _____

Where did you hear about us? _____

Return the completed application to us at:
northwindquiltersguild@gmail.com
or
PO Box 2891 Fairfield CA 94533