



# CLARK COUNTY QUILTERS MEMBERSHIP APPLICATION

Email your form to [Info@clarkcountyquilters.com](mailto:Info@clarkcountyquilters.com) or send to P.O Box 5857, Vancouver, WA 98668-5857. Your membership will activate once your dues are received. Mail checks or use PayPal at <https://clarkcountyquilters.com/Join>. The guild year is July 1 to June 30. Annual dues are \$40. Members joining between November 1 and March 31, pay a prorated fee of \$20. Members joining after March 31, pay \$40 which covers membership for the remainder of this year as well as next year.

**APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Membership:  New  Renewing  
 Texting OK?

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ +4

Optional – Birthday (no year!) Month: \_\_\_\_\_ Day: \_\_\_\_\_

Optional – If you DO NOT want your address in the membership list, check here

Optional - If you DO NOT want any contact information in the membership list, check here

Optional - I would like to make an additional donation to the guild \$ \_\_\_\_\_

**QUILTING INTERESTS**

If you belong to any small local quilt groups (not guilds) please complete the following:

|                   |                                |  |
|-------------------|--------------------------------|--|
| <u>Group Name</u> | <u>Leader/Coordinator Name</u> | <u>Is the group accepting new members?</u> |
|-------------------|--------------------------------|--|

If you would like to join a small group, what is your time preference?  Day  Evening  Weekend

You would like to attend a class about: \_\_\_\_\_

You would like to teach a class about: \_\_\_\_\_

**QUILT RELATED BUSINESS INFORMATION**

Check boxes if you do any of the following for PAY:  Machine Quilt  Complete Unfinished Projects  
 Binding  Hand Quilt  Other:

If you own a quilt related business, please provide the following information for our membership page.

Business Name: \_\_\_\_\_ Website Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

|                  |            |                  |
|------------------|------------|------------------|
| Date:            | Check #:   | Data Entry by:   |
| Received by:     | Cash:      | Data Entry Date: |
| Amount Paid:     | Other:     | Member ID:       |
| Lifetime Member? | Receipt #: |                  |