

# Cypress Creek Quilter's Guild

## Membership Application

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ (Month/Day)

Type of Membership: (please circle or underline)

Regular Member    Junior Member (Age 12-18 w/ pd. Reg. Member)

I am interested in working on the following Committees:

Membership  
Programs

Retreats  
Quilt Show

Charity Outreach  
Workshops

Other: \_\_\_\_\_

I am interested in holding office:      Yes                      No

Suggestions for classes, events or projects you would like us to have:

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Pd \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Please bring this completed form to the next meeting or mail it along with your check made payable to CCQG in the amount of \$30 to:

P.O. Box 446    Land O Lakes, Florida 34639