

# 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
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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 \$25 to:**

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