

Wallowa Mountain Quilters' Guild

Membership Information - Please print this page, fill out the information, and mail it along with \$20 Membership dues to the address below.

Guild Use: Paid _____ Cash _____ Check _____

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Name: _____

Mailing address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Birth Day and Month: _____

Email address: _____

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Experience: Do you consider yourself a beginner \_\_\_\_\_, intermediate \_\_, or advanced \_\_\_quilter?

Years as a quilter? \_\_\_\_\_ Number of quilts completed? \_\_\_\_\_

Sewing/Quilting/Needle Work Experiences: \_\_\_\_\_

What could you teach one on one? \_\_\_\_\_

or in small group? \_\_\_\_\_

or large group? \_\_\_\_\_

Sewing/Quilting/Needle Work Personal Challenges:

What skills or techniques would you like to learn?

What information do you want shared with the guild members? Personal/Professional background in past and currently? Family? Work? other hobbies or interests?

Quilting preferences: \_\_\_\_\_ Favorite patterns, \_\_\_\_\_

colors, \_\_\_\_\_ designs, \_\_\_\_\_

size, \_\_\_\_\_ types of fabrics? \_\_\_\_\_

Least favorite or most challenging of the previous categories? \_\_\_\_\_

Allergies / Food Intolerance: \_\_\_\_\_

Emergency Contact 1 Name & phone number: \_\_\_\_\_

Emergency Contact 2 Name & phone number: \_\_\_\_\_