

DARTING NEEDLES QUILT GUILD, INC.

Date _____

Meetings are held at 7:00 PM on the second Thursday of each month at the First United Methodist Church located on the corner of Franklin and Drew Streets in Appleton, WI.

CIRCLE ONE: New Member Returning Member Renewal Charter Member

(Please Print)

Name: _____

Address: _____

City: _____

Home Phone: _____ Work: _____

E-Mail Address _____ Birth Month _____ & Date _____

Do you want your E-Mail address published on the Membership List: Yes _____ No _____

ANNUAL DUES \$40 Membership - Newsletter via E-Mail

Return this completed form along with your check payable to Darting Needles Quilt Guild, Inc. to the membership table at a monthly meeting, or mail to: Darting Needles Quilt Guild
P.O. Box 2684
Appleton, WI 54912-2684

Check your interests for volunteering:

- | | |
|---|--|
| <input type="checkbox"/> Guild Officer | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Committee Chair | <input type="checkbox"/> Hostess for Guest Speaker |
| <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> Charity Quilts |
| <input type="checkbox"/> Holiday Party | <input type="checkbox"/> Library |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Rummage Sale |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Publicity/Marketing | |

Help us get to know you! (What style of quilting do you prefer? Where are you from? What are your other interests and hobbies? What is your profession?)

FOR MEMBERSHIP COMMITTEE ONLY:

Dues Received: Cash _____ Check # _____ Amount _____ Received By _____

To Treasurer _____ New Member Folder received _____