

Cedar Hill Quilters Guild Membership Form
This information will be used in our Directory, Newsletters and Website
Please Print

* Name _____

* Address (City, State, Zip Code) _____

* Phone – Home _____ Cell _____

* Email Address _____

* Birth Date _____

Spouse / Significant Other's Name _____

Are you a Charter Member _____ (Yes) _____ (No) _____

How Long have you been a Quilter? (Number of Years) _____

What is your skill Level _____ Beginner _____ Intermediate _____ Advanced _____ Master

What part of quilting do you enjoy the most? _____

Other hobbies or interests _____

Choose a Handmade item you would like to exchange at the:

1. Salad Supper _____ Pin Cushion _____ Pillowcase _____ Pot Holder

2. Christmas Party _____ Pin Cushion _____ Pillowcase _____ Ornament _____ Pot Holder