

Common Threads Quilt Guild – Membership Form

Name: _____

Address: _____

City, State, Zip Code: _____

Phone #1: _____ Phone #2: _____

Email: _____ Birth Date: _____

AQS Member: Yes / No

Is there a committee you would like to join?: Yes / No

If so, what committee: _____

Payment: \$30 Check #: _____ Cash: _____ Date: _____

75 years or older?: Free _____