Revised 6/12/08

# Hill 'N Hollow Quilters Guild
# MEMBERSHIP FORM

Name_____
(Please Print)
Address_____

City/State/Zi:p_____

Phone Number:(____)_____ I have been a member since (year)_____ or I am a new member____

E-Mail Address:_____
(By giving us your e-mail address you agree to receive the newsletter by e-mail notification and have your address on the roster)

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Hill 'N Hollow Quilters Guild depends on the guild members who volunteer to make the Guild run smoothly and to get to know other members. **Please circle the areas in which you would like to help**:

**Audit** **Community Quilts** **Growth & Development** **Hospitality** **Membership**

**Communication:** Newsletter Publicity Historian /Photographer Website Internal Communication

**Education:** Bus Trips Challenge Classes Library Programs Workshops

**Opportunity Quilt:** Production Donation Tickets **Quilt Show** **Special Committees**

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Do you have any special skills or talents that you would be willing to share with the Guild?

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**Please Circle your Choices**

What do you expect to receive from Guild membership?
Social Activities Quilting Education Participation in Classes and workshops Other (explain)

What other Hobbies do you enjoy?_____

Occupation: Past_____Present_____

If you moved to the area recently, from where did you move_____

When and how did you start quilting_____

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**Please Circle your Choices**

**Quilting Interests:** Hand piecing Machine piecing Paper Foundation piecing Hand quilting
Machine quilting Machine Embroidery Computer quilting programs Other (please state that interest)

**Do you prefer:** Traditional Quilts Contemporary Quilts

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Please provide any comments or suggestions you think might help improve the Guild:

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**The annual membership fee is $25. Please make checks payable to: Hill 'N Hollow Quilters Guild**
**Mail to: P. O. Box 1005**
**Mountain Home, AR 72654**

Payment Received:
Date_____ Amount:_____ Check Number:_____Cash: _____