

Let Us Know a Little Bit About You

DATE: _____ NAME: _____

ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____ BIRTHDAY: _____
(MM/DD)

How did you hear about us? _____

Are you a:

Beginner _____ Intermediate _____ Advanced _____

Do you like:

Traditional _____ Contemporary _____ Art _____ Wearable _____

What size quilts do you make?

Miniature _____ Wall Hanging _____ Crib or Throw _____ Twin _____

Full/Queen _____ King-sized _____ All of Them _____

Do you?

Hand piece _____ Machine piece _____

Do you?

Hand quilt _____ Machine quilt _____

Do you?

Applique' _____ Dimensional Applique' _____

What types of Programs/Workshops interest you?

- Color Selection/Coordination
- Borders
- Finishing Quilts – binding, mitered corners, squaring off
- Hand Applique'
- Hand Quilting
- Machine Applique'
- Machine Quilting
- Paper Piecing
- Quilt Appraisal
- Quilting Tips
- Trunk Shows
- Skill Levels Beginning _____ Intermediate _____ Advanced _____

Are you interested in workshops? _____

Do you have suggestions for programs or speakers? _____

Would you be interested in presenting a program or workshop?

Yes _____ No _____ Subject _____

Comments or Suggestions: _____

Do we have your permission to put your picture on the website? Yes _____ No _____

Please return to Membership Vice-President