

**PAX RIVER QUILTERS' GUILD
PO BOX 768 CALIFORNIA MD 20619
MEMBERSHIP APPLICATION**

Name: _____ Membership: Full (\$25): _____ Pro-Rated (\$12.50): _____

Address: _____ Birthday (month/day) _____

_____ Newsletter by e-mail

Phone #: Home: _____ Work: _____ (optional)

Cell: _____ (optional) E-mail: _____

Emergency Contact Info: Name: _____ Phone: _____

What are your Quilting Strengths? _____

What do you want to improve? _____

What programs do you want to see at meetings? _____

On which committee(s) do you feel you could best contribute as part of the PRQG team? Check at least one.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Block of the Month | <input type="checkbox"/> Hospice Tree | <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> Sunshine Group |
| <input type="checkbox"/> Bus Trips | <input type="checkbox"/> Hospitality (snacks) | <input type="checkbox"/> Opportunity Quilt | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Christmas Party | <input type="checkbox"/> Library | <input type="checkbox"/> Philanthropy | _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership | <input type="checkbox"/> Programs | |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Monthly Mini | <input type="checkbox"/> Publicity | |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Silent Auction | |

Please return completed form and payment to the Membership chairperson at the front desk.

For Membership Use Only: Date Paid: _____ Cash: _____ Check(include #): _____