

COASTAL BEND QUILT AND NEEDLEWORK GUILD

Date _____

MEMBERSHIP INFORMATION

Name as you want it in the CBQNG Directory _____

___ New member 2025 OR ___ \$25.00 Annual membership, New, and Renewing

___ Renewing member 2025 ___ \$15.00 Winter Texas, Non-residents

___ \$12.50 July – December, New Members Only

Method of Payment Check # _____ Cash _____

PERSONAL INFORMATION

Month/Day of birth (year Optional) ___ / ___ / ___

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Phone #() _____ Alternate #() _____

I receive text messages at primary # ___ alternate # ___ no text _____

Email Address(for newsletter and guild communication) _____

Contact Information should you experience an emergency while attending Guild meetings

Name of Contact _____ Relationship _____

Phone #() _____

Guild Information

Are you willing to serve as a committee member or leadership? Yes No _____

What quilting or needlework skill are you willing to share with the guild? _____

Topics you would like to have presented as a program or class? _____
