

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 Texan, Non-Tx residents

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?

Mail This Form To:

CBQNG
P O BOX 181074
CORPUS CHRISTI TX 78480-1074

Bring This Form On The 2nd Thursday Of The Month To:

ETHYL EYERLY SENIOR CENTER
654 GRAHAM RD
CORPUS CHRISTI TX 78418

