

**HIGH POINT QUILT GUILD**  
**MEMBERSHIP Information Form**

20\_\_\_\_

NEW  RENEWAL

Monthly Meetings: 6:15 pm, 2<sup>nd</sup> Thursday of each month

Website: <https://www.highpointquiltguild.com>

Mailing address: HPQG PO Box 2036 Jamestown, NC 27282

Facebook: High Point Quilt Guild

Email: [hpquiltguild@gmail.com](mailto:hpquiltguild@gmail.com)

**Return Completed form with Payment to: Karen Tooley 204 Cedarwood Dr. Jamestown, NC 27282**

Annual Dues are \$30.00, payable in January, and are non-refundable. Membership will be dropped if not paid by the February meeting. After July 1, Dues are \$15.00 for new members. Membership is on a calendar year basis.  
(Make Checks Payable to: High Point Quilt Guild). Donations are also welcome.

Mission Statement: The High Point Quilt Guild operates as an educational, charitable, and historical organization, promoting quilting and fiber arts in all its forms and contexts.

**PART A**

NAME: \_\_\_\_\_ Email: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Birthday (Month/Day): \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**PART B**

How did you hear about us? \_\_\_\_\_

I would like to learn how to: \_\_\_\_\_

Speakers/programs I would like to hear include: \_\_\_\_\_

Workshops I would like to attend:(Please list subject, idea, or interest. Indicate if you would attend a weekend workshop)

**PART C**

Please check any office, committee or guild activity that you have interest in/are willing to serve:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> President                                   | <input type="checkbox"/> Historian (keeps records of all activities) | <input type="checkbox"/> Raffle Quilts      |
| <input type="checkbox"/> 1 <sup>st</sup> Vice President              | <input type="checkbox"/> Hospitality (refreshments, dinners)         | <input type="checkbox"/> Retreats           |
| <input type="checkbox"/> 2 <sup>nd</sup> Vice President (Membership) | <input type="checkbox"/> Monthly newsletter                          | <input type="checkbox"/> Quilt/vendor shows |
| <input type="checkbox"/> Secretary                                   | <input type="checkbox"/> Fund raising                                | <input type="checkbox"/> Education          |
| <input type="checkbox"/> Treasurer                                   | <input type="checkbox"/> Demonstration for mini workshops            | <input type="checkbox"/> Mentoring          |
| <input type="checkbox"/> Programs/Speakers                           | <input type="checkbox"/> Webmaster                                   | _____                                       |

**PART D**

SPECIAL AREAS OF EXPERTISE:  computer  artwork  photography  accounting  other(specify) \_\_\_\_\_

**Membership Chair use only:**

Date received: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Membership Card Given \_\_\_\_\_ Data Entry: \_\_\_\_\_ Additional Donation \_\_\_\_\_