

HIGH POINT QUILT GUILD
MEMBERSHIP Information Form

20 _____

Monthly Meetings: 6:15 pm, 2nd Thursday of each month
Website: <https://www.highpointquiltguild.com>
Facebook: High Point Quilt Guild
Mailing address: HPQG PO Box 2036 Jamestown, NC 27282
Email: hpquiltguild@gmail.com

NEW **RENEWAL**
Meeting Location: St. Christopher Episcopal Church
(Apr-Oct, 303 Eastchester Drive
December) High Point, NC 27262

Zoom: November, January-March

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:

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