

TEXAS TEA STITCHERS QUILT GUILD
MEMBERSHIP APPLICATION

Date: _____ Member ID # _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ Email: _____

Birthday Month_____/Day_____

How would you like to help our Guild: President, Treasurer,
Secretary, Programs, Membership, Newsletter, Community
Service, Hospitality.... _____

I would love to demonstrate how to: _____

I would love to learn: _____

My favorite thing about Sewing/Quilting is: _____

My favorite food is: _____