



Membership Form

General Information

Name (last, first): _____

Mailing Address: _____

City, State, Zip: _____

How we reach you (Phone, Cell Phone, Texting and email)

Please provide a phone number and a texting capable number. Weekly announcements and show and tell photos will be sent to the email you provide.

Phone number 1 Voice or land line: _____

Can we text you at this number? Yes No

Phone number 2 Other (optional): _____

Confirm number for texting: _____

Email: _____

Membership year: 2024

Birthday

QC Celebrates Birthdays on the first Thursday of each month. QC also sends Birthday cards to members.

Birthday (mm/dd): _____

Where do you dabble? What are your skills?

- | | | | |
|------------------|----------------|------------------------|------------|
| c- crochet | d- paper piece | e- English paper piece | f- bead |
| g- stained glass | h- tote bag | j- paint | k- knit |
| l-longarm | n- needle work | o- machine help | q- quilter |
| r-paper art | s-sew | v-jewelry | w-weave |
| x- cross stitch | y-pottery | z- jigsaw puzzle | |

Emergency Contact

In the event of an emergency, who should QC contact?

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____