

West Virginia Quilters, Inc.



Membership Application

also available at wvquilters.org/join.html

Dues are \$25.00 for each calendar year and can be paid for 1 or 2 years.

After CAREFULLY typing in your information, please PRINT this form and MAIL with your dues check to:

Lora Caplinger 875 Stephens Fork Road, Mineral Wells, WV 26150

*Make your check or money order payable to "West Virginia Quilters, Inc."

For Office Use Only

| Expired | M.O./Check # |
|------------|--------------|
| | |
| Amt. Rec'd | Date |
| | |

Name _____

Home Phone _____ Cell _____ WV County _____

Address _____

City _____ State _____ Zip _____

Email _____

Please list your WV Guild(s) and/or Quilt Group(s). _____

Individual Membership 1 year (\$25) 2 years (\$50) Dues \$ 25.00

*Receive \$5 discount on membership if you get newsletters, etc. by email - _____

*Receive \$5 discount on membership if you do not want a printed directory... - _____

One -Year Membership Total \$ _____

Two-Year Membership x2 \$ _____

Would you like to include a tax-deductible donation to support WVQI programs? Donation \$ _____

Date _____ Check/M.O. # _____ Total Amount Enclosed \$ _____

Do you have expertise in an area that could benefit WV Quilters, Inc., such as CPA, accounting, grant writing, legal, etc?

- | | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> Hand Quilter | <input type="checkbox"/> Certified Teacher | <input type="checkbox"/> Teacher | <input type="checkbox"/> Design / Sell Patterns |
| <input type="checkbox"/> Long Arm Quilter | <input type="checkbox"/> Certified Judge | <input type="checkbox"/> Judge | <input type="checkbox"/> Sell Quilted Items |
| <input type="checkbox"/> Domestic Machine Quilter | <input type="checkbox"/> Certified Appraiser | <input type="checkbox"/> Speaker | <input type="checkbox"/> Other _____ |

Do you own a quilt shop? Yes No Other quilt-related business? Yes No

Please describe goods or services offered: _____

Business Name _____ Website _____

Address (if different from above) _____

Email Address _____ Phone _____

| | | | |
|--------------------------|--|--|--|
| If No Storefront: | Internet Sales | Phone/Mail | By Appointment |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |