

OCEAN WAVES QUILT GUILD  
LEWES, DELAWARE

New Member Application Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

What would you like for us to call you? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H)\_\_\_\_\_ (C)\_\_\_\_\_ (W)\_\_\_\_\_

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

(Newsletter / Guild communications are primarily done by email)

Birthdate: Month\_\_\_\_\_ Day\_\_\_\_\_ (No year please)

Are you employed? \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Retired \_\_\_\_

How long have you been quilting? \_\_\_\_\_

Do you belong to any other quilting groups/guilds? \_\_\_\_

Group or Guild name: \_\_\_\_\_

Would you be interested in having a Guild member as a Mentor \_\_\_\_ Yes \_\_\_\_ No

Are you interested in participating in a Quilting Bee? \_\_\_\_\_

(see attached 'Quilting Bee Request' for information)

Dues are \$20.00 per year (Guild year is September thru August) with payment by cash or check at the September meeting.

Dues received: \_\_\_\_\_