

CRAZY QUILTERS GUILD APPLICATION

(Please PRINT clearly)

Name: _____

Address: _____

Email Address: (This is how you will receive your monthly newsletter)

Telephone Number: _____ () Home () Cell () Business

Birthday - Month _____ Day _____

I would like to help with...
(circle all your interests)

Workshops

Taking Pictures

Getting New Members

Community Publicity

Other: _____

Mail this application and a \$35 check payable to:

Crazy Quilters Guild

To:

Crazy Quilters, C/O Linda Nelson

860 Ronda Mendoza, Unit N

Laguna Woods, CA 92637-9542

517-230-1201