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	Mail this application and a COT about provided to
(circle all your interests)	Mail this application and a \$35 check payable to: Crazy Quilters Guild
Workshops	To: Crazy Quilters, C/O Linda Dunnigan 63 Calle Cadiz, Unit C Laguna Woods, CA 92637 202-744-2389
Taking Pictures	
Getting New Members	
Community Publicity	

Other: _____