

2019 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