UHURU QUILTERS GUILD

Membership Application/Renewal Form for 2008

Name:	**Birthday (Month/Day):**
Address:	**Home Phone:**
City: **State:** **Zip:**	**Work Phone:**
Email Address:	**Fax:**
Incase of a HEALTH emergency, please contact:	**Phone #**

My special abilities/interest:

This year, I'm hopeful that someone is willing to share or give workshops on these topics:

(a)	(b)
(c)	(d)

Are you interested in joining or starting a Bee/Block exchange group?	Yes	No
Do you belong to a Bee, quilt/block exchange, or cyber quilt group?	Yes	No

If yes, name of group:	Contact:	Phone:
Are you a **NQA (National Quilters Assoc.)** member?	Member #	Expiration Date

Do you have completed quilt related items?	Yes	No	How many are available for Guild sponsored exhibits?						
	Art and Dolls #		Wearable #		Wall hangings #		Quilts: # Twin/Full		Queen/King #

( ) Yearly Membership Renewal is $24 **receipt #** **( ) New Member and Prorated Renewal $_____** **receipt #**

We are always looking for help on the various committees. Please check any or all that might be of interest to you.

	Birthday Club/Hospitality		Community Service		Membership		Raffle Quilt
	Block of the Month		Door Prize		E-newsletter/Web Site		Round Robin
	Challenge Project		Exhibit		Quilt Retreat		Small Groups And Bees
	Charm Square		Librarian		Quilt Show		Education/Programs/Workshops

Quilting Skills		Beginner		Intermediate		Advanced	Sewing Skills		Beginner		Intermediate		Advanced
Art/Craft Skills		Beginner		Intermediate		Advanced	Embroidery Skills		Beginner		Intermediate		Advanced

Membership Requirements:

Fulfilling your membership requirements each year involves the following items:
Participation in the work of one major event that the guild sponsors (quilt show, quilt retreat, quilt exhibit, etc.)
Participation in the work of the guild (fundraisers, service project, serve on guild committees, etc.)
Be active in the art, heritage and preservation of quilting as outlined in the Constitution and By-laws.

Membership Agreement:

I plan to meet all guild requirements for membership.

Member's Signature _____ Date _____

Return to Membership Chairperson along with your payment. If you wish to renew by mail, please send your application with a personal check, money order, or cashiers check made payable to Uhuru Quilters Guild to:

Uhuru Quilters Guild, P. O. Box 1205, Clinton, MD 20735-0936.