



2021 CVQA MEMBERSHIP FORM

P. O. Box 680561
Franklin TN
37068

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Birthday: Month _____ Day _____

Year joined guild: _____

I give permission for my picture to be used in CVQA newsletters and Webpage.

Please sign: _____ Date: _____

Do you have a Program Request:

Professional teacher name: _____

Topic: _____

Guild member teacher name: _____

Topic: _____

Please volunteer for at least ONE committee for the year:

- | | |
|--|--|
| <input type="checkbox"/> Brentwood Library | <input type="checkbox"/> Quilt Show |
| <input type="checkbox"/> Charity Quilts | <input type="checkbox"/> Quilts of Valor |
| <input type="checkbox"/> Christmas Party | <input type="checkbox"/> Retreats |
| <input type="checkbox"/> Friendship Quilts | <input type="checkbox"/> Ronald McDonald House Quilt |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Sunshine |
| <input type="checkbox"/> Legacy | <input type="checkbox"/> Thistle Farms Quilts |
| <input type="checkbox"/> Library | <input type="checkbox"/> Ways and Means |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Williamson County Fair |
| <input type="checkbox"/> Programs | |

\$30 Dues:

Date Dues Paid: _____

Legacy Member: _____

Check #: _____

Cash: _____ Credit Card: _____