



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: _____

I do not give permission. I understand that I should stay out of range of the camera and notify photographer that permission is not given.

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"/> Programs |
| <input type="checkbox"/> Charity Quilts | <input type="checkbox"/> Quilt Show |
| <input type="checkbox"/> Holiday Party | <input type="checkbox"/> Quilts of Valor |
| <input type="checkbox"/> Friendship Quilts | <input type="checkbox"/> Ronald McDonald House Quilt |
| <input type="checkbox"/> Legacy | <input type="checkbox"/> Thistle Farms Quilts |
| <input type="checkbox"/> Library | <input type="checkbox"/> Ways and Means |
| <input type="checkbox"/> Membership | |

FOR OFFICE USE

\$40 Dues:

Date Dues Paid: _____

Legacy Member

Check #: _____

Cash

Credit Card