

SEABREEZE QUILT GUILD
2024 - 2025 Membership Application

Seabreeze Quilt Guild
P. O. Box 842
Exeter, NH 03833

Membership Type: Renewal New

Last Name: _____ First Name: _____ Birthday: ____/____/____
(MM/DD)

Mailing Address: _____
(Street / PO Box) (Town) (State) (Zip)

Phone: (____) _____ E-Mail: _____
 Home Work Cell

Circle Purchase(s)

Current Member Annual Dues (April):

Renewal	\$30.00
80 years young	Free
Inactive	\$10.00

New Member Dues by Enrollment Date:

May – Jul (100%)	\$30.00
Aug – Oct (75%)	\$22.50
Nov – Jan (50%)	\$15.00
Feb – Apr (25%)	\$7.50

Nametag: \$15.00

NEW MEMBERS ONLY – Please complete this section

- How would you describe your overall quilt-making skill level? Beginner Intermediate Advanced
- What quilting skills could you offer to guild members (for cost) i.e., longarm quilting, hand sewing bindings, label making, embroidery, etc.?
- What workshops, programs, teachers, or techniques would you like to see at the guild meetings?
- Do you have a special skill or tip that you could share with members at a workshop or regular meeting?
- What committees are you interested in serving on?

For Committee Use:

Date: _____ Amount: _____