

MEMBERSHIP APPLICATION/RENEWAL



Annual Dues: \$35

The membership year is October 1 through September 30.

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birth Month: _____

*By providing your email address,
you consent to receiving CCQ newsletters each month.*

COMMITTEES

Please check if you are interested in helping with any committees.

Charity

AWARE Pillowcases

Shrine Retreat

Education

Quilt Show

Fundraising

Friendship Blocks

COMMENTS, IDEAS, OR SUGGESTIONS

FOR TREASURER ONLY

Date: _____ Check Number: _____ Initials: _____ New Returning Renewal

Date: _____ Check Number: _____ Initials: _____ New Returning Renewal

Date: _____ Check Number: _____ Initials: _____ New Returning Renewal

Date: _____ Check Number: _____ Initials: _____ New Returning Renewal