

**Q.U.I.L.T.S. MEMBERSHIP APPLICATION**  
**Quilters United in Learning Together-Schenectady Guild**

**NAME:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_  
(Print Name) (Month/day)

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**EMERGENCY CONTACT INFO:** \_\_\_\_\_  
(NAME/PHONE #)

**New Member**     **Renewing Member**     **Returning Member (not a member last year)**

**Cash** \_\_\_\_\_     **Check (Payable to Q.U.I.L.T.S.)** \_\_\_\_\_     **Check #** \_\_\_\_\_

**Date:** \_\_\_\_\_

**2023 – 2024 Q.U.I.L.T.S. Membership**

Please bring this completed form, along with your payment (cash or check - \$30) to the next guild meeting or email a scanned copy to: quiltsprograms@gmail.com.