



MEMBERSHIP FORM

Smoky Mountain Quilters
P.O. Box 30692
Knoxville, TN 37930

New Renewal Annual Dues \$30.00 Date _____

Please Print (if filling out by hand)

Name _____ Street _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email _____ Birthday (month/day) _____

Membership Listings will be published on a *Password Protected* page on our website that is visible only to fellow members. Communication to members is by email, but we strive to maintain your privacy preferences. If you prefer to have any contact information omitted from the membership listing please indicate below.

Please omit the following from the membership listing:

Email Cell Phone Home Phone Address

I consider myself a beginner intermediate experienced quilter

I am interested in attending a class on (topics) _____

I am interested in classes/programs by the following (teachers): _____

I am interested in teaching a class or doing a demonstration on (topics): _____

Check ALL items/activities you are interested in helping with:

Block of the Month Challenge Charity Projects Door Prizes Hospitality

Programs Workshops Memberships Newsletter Publicity

Quilt Show Board Committee Chair Website Marketing

Do you do any quilting/quilt making for hire? Yes No Describe: _____

What type of quilting do you enjoy? _____

How did you hear about Smoky Mountain Quilters? _____