

**2010 Membership Information/Survey  
Des Moines Area Quilters Guild**

**\_\_\_\_\_Renewal \_\_\_\_\_New Member \_\_\_\_\_Junior Member\***  
\$30 renewal/new member \$10 junior member - Due January 1

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email Address** \_\_\_\_\_

(\*Required for you to receive the DMAQG Newsletter and other Guild correspondence)

\_\_\_\_\_I would like to join a small group and would like more information.

**The guild depends on volunteers. How can you help?**

- \_\_\_ Be available at sign-in to be a "buddy" to a new member
- \_\_\_ Help with set up before a general meeting
- \_\_\_ Help librarian put away books at the end of the evening meeting
- \_\_\_ Donate a new quilt book for the library

- \_\_\_ Work at the workshop sign-up desk before the guild meeting
- \_\_\_ Be a facilitator at a workshop – help presenter as needed.
- \_\_\_ Entertain a speaker while they are in town.
- \_\_\_ Help secure door prizes for guild meetings or quilt retreat
- \_\_\_ Help make nametags for retreat.
- \_\_\_ Assist with set up for charity sewing days

- \_\_\_ Donate batting for charity quilts (crib or twin size)
- \_\_\_ Donate 100% cotton fabric to be used for charity quilt projects
- \_\_\_ Donate fabric to be used for charity quilt backs
- \_\_\_ Sew bindings on one or more guild quilt projects
- \_\_\_ Machine quilt one or more charity quilts

**\*Junior  
Membership**  
Is for individuals  
under 18 years of  
age. It is limited to  
participation in  
guild meetings and  
the quilt show.

**Indicate if you are interested in any of the board positions in 2011:**

- \_\_\_ Vice President for 2011/President in 2012
- \_\_\_ Program Chair Elect in 2011/Program Chair in 2012
- \_\_\_ Quilt Show Chair Elect 2011/Quilt Show Chair 2012
- \_\_\_ Director-At-Large-2 year term
- \_\_\_ Corresponding Secretary-2 year term
- \_\_\_ Treasurer -2 year term
- \_\_\_ Librarian - 2 year term
- \_\_\_ Community Service – 2 year term
- \_\_\_ Retreat Chair – 2 year term

**Completed by Staff:**

Date \_\_\_\_\_

Cash/Check No. \_\_\_\_\_

Amount \_\_\_\_\_

Membership List \_\_\_\_\_

Printer's List \_\_\_\_\_

**If you mail this form:** Please send this form and your dues to  
**DMAQG, P.O. Box 25070, West Des Moines, IA 50265**