



Des Moines Area Quilters Guild Individual Seeking Small Group Form

Seeking established group

Seeking newly forming group

Today's date: _____

Your name: _____

Address: _____

Phone number: _____ Email address: _____

What time of day could you attend meetings? (Please number with 1 = most convenient)

___ Morning ___ Afternoon ___ Evening ___ All day

How often could you attend meetings? (Please number with 1 = most convenient)

___ Weekly ___ Every other week ___ Monthly

What days of the week could you attend meetings? _____

At meetings, would you like to primarily... Do hand work Do machine work Sit and visit

In each list, please rank the things important to you in a group: (1 = most important)

Techniques

- ___ Piecing
- ___ Foundation piecing
- ___ Art
- ___ Appliqué
- ___ Other: _____

Group Activities

- ___ Group projects
- ___ Individual projects
- ___ Challenges
- ___ Exchanges
- ___ Group retreats
- ___ Other: _____

Volunteerism*

- ___ Women's health auction
- ___ Quilt show
- ___ Community giving
- ___ Other: _____