



**AFRICAN  
AMERICAN  
QUILTERS of  
BALTIMORE**  
Each One Teach One

## Membership Application

Name:	Email:
Address:	Home Phone:
City/State/Zip:	Cell Phone:
Emergency Contact Name and Phone Number:	Birthday (month/day):
Quilting Level: Beginner / Intermediate / Advanced/ Pro	

**I. More involvement means more fun. Please circle the following committees of interest to you:**

Membership	Programs	Herstorians	Fundraising	Publicity
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**II. In the future, would you be interested in serving in a Board position? Please circle all that apply:**

President	Vice President	Treasurer	Secretary
Membership Chair	Programs Chair	Herstorian Chair	Fundraising Chair
Publicity Chair	Quilt Show Chair	Other	

**III. Tells us about your special interests. Please circle all that apply:**

Traditional Piecing	Hand Quilting	Machine Quilting	Long Arm Quilting	Thread Painting
Paper Piecing	Hand Appliqué	Machine Appliqué	Fabric Dyeing	Quilted Clothing
Art Quilts	Collecting Quilts	Digital Imaging	Painting on Fabric	
Watercolor Quilts	Computer Quilt Design	Will Quilt for Hire	Other:	

Will Teach Workshops or Techniques, please specify:



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***IV. Please return this form and your \$30 check to: African American Quilters of Baltimore***

***Make your check payable to African American Quilters of Baltimore. You will receive a receipt for your payment.***

***Mail to:***

African American Quilters of Baltimore  
Membership Committee  
P. O. Box 31528  
Baltimore, Maryland 21207

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**Official Use**

Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_

Check No: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_