

COLORADO QUILTING COUNCIL, Inc.
Membership Registration Form
P.O. Box 295
Wheat Ridge, CO 80034-0295
www.coloradoquiltingcouncil.com



2026

New Member Renewal/Previous Member

Name _____ County _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Neither CQC nor any member will sell or give away the membership roster for any reason. Membership in this Council is not transferable or assignable. Each member agrees, as a condition of membership, to release and waive any claim he or she has or may have against the Council, its officers, employees, committee members or agents arising out of or related to the member's participation in the activities of the Council or arising out of any action by the Council or its Board of Directors to discipline or expel any member.

Signature _____ Date _____

Membership Levels – Choose One:

- | | | |
|--|-------|----------|
| <input type="checkbox"/> Basic Membership | \$30 | \$ _____ |
| <input type="checkbox"/> Family Membership (2 or more members at same address) | \$45 | \$ _____ |
| <input type="checkbox"/> Piecer Membership (1 \$10 workshop discount & \$15 donation) | \$55 | \$ _____ |
| <input type="checkbox"/> Appliquer Membership (2 \$10 workshop discounts & \$30 donation) | \$80 | \$ _____ |
| <input type="checkbox"/> Sustaining Membership (3 \$10 workshop discounts & \$45 donation) | \$105 | \$ _____ |

Newsletter Options – Choose One:

- | | | |
|---|------|----------------|
| <input type="checkbox"/> Newsletter in full color on the website | Free | \$ <u>FREE</u> |
| <input type="checkbox"/> Black and white printed newsletter mailed to you | \$40 | \$ _____ |

Total to be paid _____ \$ _____

With which of the following committees would you be interested in helping CQC:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Charity Quilt Projects | <input type="checkbox"/> Quilt Documentation | <input type="checkbox"/> Programs | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Quilt shows/Exhibits | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Advertising/Publicity | <input type="checkbox"/> Quilt-a-Fair |
| <input type="checkbox"/> Raffle Quilt Making | <input type="checkbox"/> Library | <input type="checkbox"/> Volunteer Recognition | <input type="checkbox"/> Block of the Month |
| <input type="checkbox"/> Competition Judging/Scribes | <input type="checkbox"/> Raffle Ticket Sales | <input type="checkbox"/> Gifts and Grants | <input type="checkbox"/> Hall of Fame Award |
| <input type="checkbox"/> Mystery Quilt | <input type="checkbox"/> Nominations | <input type="checkbox"/> Outreach Award | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Quilt Trails | <input type="checkbox"/> Spring Retreat | <input type="checkbox"/> Fall Retreat | <input type="checkbox"/> Show and Tell |
| <input type="checkbox"/> Sit and Sew | <input type="checkbox"/> Ways & Means | <input type="checkbox"/> Shirley Sanden Memorial Fund | |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Heritage | | |

What skills or interests do you have that would help support the organization?

What topics or speakers would you like to see in future CQC programs/workshops/retreats?

For further information go to www.coloradoquiltingcouncil.com or email Sandra Wheeler at membershipcqc@gmail.com

Annual Membership Anniversary Date _____ Date Payment Received _____

Cash Amount _____ Deposit # _____

Check # _____ Amount _____ Credit Card Amount _____