COLORADO QUILTING COUNCIL, Inc.

Membership Registration Form

P.O. Box 295

Wheat Ridge, CO 80034-0295 www.coloradoquiltingcouncil.com



January 2025 – December 2025

□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:			
Basic Membership		\$		
□ Family Membership (2 or i		\$		
Piecer Membership (1 \$10		\$		
□ Appliquer Membership (2	0 donation) \$80		\$	
□ Sustaining Membership (3	\$10 workshop discounts & \$4	15 donation) \$105		\$
Newsletter Options – Choose	One:			
\Box Newsletter in full color on	Free		<u>\$</u> FREE	
Black and white printed newsletter mailed to you				\$
Total to be paid				<u>\$</u>
With which of the following co	ommittees would vou be inte	rested in helping CQC:		
Charity Quilt Projects	Quilt Documentation	• •	Community Outreach	
Quilt shows/Exhibits		☐Advertising/Publicity	Quilt-a-Fair	
□Raffle Quilt Making		□Volunteer Recognition	n 🗆 Block of the Month	
Competition Judging/Scribe	es Raffle Ticket Sales	☐Gifts and Grants	□ Hall of Fame Award	
□ Mystery Quilt	□ Nominations	□Outreach Award	□ Photography	
□Quilt Trails	□Spring Retreat	□Fall Retreat	□Show and Tell	
□Sit and Sew	🗆 Ways & Means	□Shirley Sanden Memo	rial Fund	
□Technology	Heritage			
What skills or interests do you	I have that would help support	rt the organization?		
What topics or speakers woul	d you like to see in future CQO	C programs/workshops/re	treats?	
For further information go t	O www.coloradoquiltingcoun	cil.com or email Betsy St	ewart at membershipcqc	@gmail.com
Annual Membership Annive	ersary Date	Date Payment	Received	
Cash 🗌 🛛 Ame	ount	Deposit #		
Check # Ame	ount	Credit Card 🛛	Amount	