APPLICATION TO BECOME A CHAPTER OF THE ARIZONA QUILTERS GUILD

Proposed Name of Chapter:_____

Proposed Meeting Location(s):_____

_____

Will you need liability insurance in order to meet at this location? _____ If so, request application.

Meeting(s) date(s) (i.e.: first Tuesday of each month):_____

Name and address of Chapter Contact:_____

_____

Telephone number for Chapter Contact Person:_____

Email address of Contact Chapter Person:_____

Names of Proposed Charter Members (minimum of 10 persons needed):	