

ARIZONA QUILTERS GUILD
APPLICATION TO JOIN THE BOARD OF DIRECTORS

Name of Applicant: _____ Date: _____

Home Address: _____ Home Telephone: _____
_____ Cell Telephone: _____

Occupation: _____
Office Address: _____

Prefer Mail Sent To: Home Office Email
Email Address: _____

Emergency Contact: _____

Educational Background and/or Special Training: _____

Interests/Special Knowledge/Skills/Talents: _____

AQG conducts much of its Board business through committees. Please check the committees of special interest to you:

Membership Quilt Show Small Quilt Auction Community Service
 Education Q.U.I.L.T. Program Traveling Teacher Publicity
 Marketing/Promotional Sales Hospitality Newsletter

Other Area of Interest: _____

Please share your areas of expertise and your vision for assisting AQG through representation on the Board of Directors. _____

Please feel free to include any other information or ideas you have to offer the organization.

Thank you for your interest in the AQG Board of Directors. Please sign and date the application below and return to:

Date: _____

ARIZONA QUILTERS GUILD
2048 N. 44TH St., Suite 12
Phoenix, AZ 85008

For Office Use only:

Application Received: _____ Application Accepted: _____
Board Acceptance Letter Sent: _____ Board Orientation Complete: _____
