



CHAPTER POSITIONS

*Return completed form to:
Arizona Quilters Guild
2048 N. 44th St. Suite 212
Phoenix, AZ 85008*

Please Fill in ALL Blanks and PRINT Clearly

Chapter Name: _____

Meeting Facility Name: _____

Meeting Facility Address: _____

Chapter Web site Address: _____

Meeting Schedule Day & Time: _____

Position Term Start Date: _____ *End Date:* _____

Today's Date: _____

If any position is shared please include all information for both members.

President/Chair

Name _____

Address _____

City/State/Zip _____

Telephone _____

E-mail _____

Treasurer

Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Secretary

Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Membership

Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Programs /Traveling Teacher Coordinator

Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Thank you for helping us keep our files current.