



NQA Chapter Membership

Renewal Chapter # _____

New Chapter

Full Name of Chapter

Address

City State Zip

This is a new mailing address. Please change our record.

Chapter Website

Please link chapter site to NQA website chapter list

Chapter NQA Contact Person

Address

City State Zip

E-mail Address*

Telephone*

*For NQA office use only

NQA Chapter policy requires that five chapter members must be active NQA members and applications cannot be processed without this information. Please list below:

Name NQA ID# and Expiration Date

1. _____

2. _____

3. _____

4. _____

5. _____

The National Quilting Association, Inc.
P.O. Box 12190

Columbus, Ohio 43212-0190

Phone 614-488-8520

Fax 614-488-8521

nqaquilts@sbcglobal.net

www.nqaquilts.org

Total number of members in your chapter _____

This is a state guild. This is a local guild.

Number of NQA members in your chapter _____

City where your chapter meets _____

NQA Chapter Membership Dues

Renewal: Check your Quilting Quarterly label for quarter in which membership must be renewed

Chapter Membership Two years **\$45** \$ _____

All chapters must renew or become a new NQA chapter as a two-year membership.

Note: Please enclose completed individual membership forms if you are also including payment for individual memberships.

Voluntary Contributions

Patron Levels:

[All donations support NQA programs and are tax deductible.]

Platinum \$500 \$ _____

Gold \$250 \$ _____

Silver \$100 \$ _____

Copper \$ 50 \$ _____

Specific program support:

[Used to directly underwrite NQA Grants; tax deductible]

Grant Program \$ _____

FOR OFFICE USE ONLY

_____ Chapter Number _____ EXP.

Received \$ _____ Date _____

Cash/ M.O./Check # _____ CCard

Items Available from NQA

[Items are for chapter use only and may not be distributed or resold.]

Certified Judges List by state SASE _____

Certified Teachers List by state SASE _____

NQA Logo Pin \$ 5.00 \$ _____

NQA Chapter Past President Pin \$ 5.00 \$ _____

Teaching Basic Quiltmaking Book* \$15.00* \$ _____

Teaching Basic Quiltmaking CD* \$15.00* \$ _____

Guide to Judged Quilt Shows \$20 or \$15
NQA member - \$15, non-member \$20 \$ _____

*Ohio Residents ADD 6.75% Sales Tax \$ _____

*Shipping & Handling for Book or CD \$ 5.00 \$ _____

Sub-total Membership(s) \$ _____

Sub-total Voluntary contribution(s) \$ _____

Total Amount Enclosed \$ _____

My check or money order is enclosed.

Charge MasterCard Visa Discover

Card Number

Expiration Date

Cardholder's Name

Cardholder's Signature

NQA CHAPTER INFORMATION

Please return with your completed membership form to: NQA, PO Box 12190, Columbus, OH 43212-0190

Chapter Name _____

The NQA office frequently receives requests from members who would like to join an NQA chapter in their area. Please complete the following information so we can help them find a chapter.

Note: This information will be provided only to NQA members who inquire about joining a chapter in their area.

Is your chapter open to new members?

Yes No Not at this time, but we will add names to a waiting list

Contact person for membership information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Primary focus of your chapter: Traditional Art Quilts We love it all Other _____

Location where you meet: _____

City _____

When do you meet? Date and time: _____

Briefly describe your chapter and meetings : _____

Other information for NQA records:

Is your chapter interested in participating in the NQA Chapter Gallery on our website? Yes

Is your chapter willing to help promote NQA membership, programs, and our annual quilt show in your newsletter (Yes) and/or at your meetings, quilt shows, or other activities? Yes

We plan to start a chapter newsletter that will be sent by e-mail. If your chapter would like to be included, please provide an e-mail address if it is not the same as your chapter contact person:

Name _____ E-mail _____

If you would like chapter news also sent directly to your newsletter editor and/or president, please provide e-mail:

Newsletter editor _____ E-mail _____

President _____ E-mail _____
(or other member)

Thank you – YOU ARE NQA!!!