

MEMBERSHIP APPLICATION

June 1, 2026 – May 31, 2027

COLORADO RIVER QUILTERS

2440 Highway 95 Ste B
Box 406

Bullhead City, AZ 86442
coriverquilters@gmail.com

Date: _____ Dues: \$25.00; Paid Check # _____ Cash: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

(Please print email address very clearly, this is how we contact you!)

E-Mail: _____

I would like to be a member of the CRQ Guild.

____ NEW MEMBER

____ RENEWAL

SIGNATURE: _____ DOB: ____/____(no year)