UTAH QUILT GUILD

"To Encoarage, promote and preserve the art of quilt making in Utah"

CHAPTER CHARTER FORM

Date:				Area Rep:				
Area:				Phone:				
Chapter Name:				1				
•								
Meeting Address Include								
Bldg Name:								
Day meetings & Tir			(If more than one, please list both.)					
Night meetings & Time								
President:	#4 Name High Quilt Cuild Mambar			(Area Cada) Phana Number	Empil Address			
	#1 Name Utah Quilt Guild Member			(Area Code) Phone Number	Email Address			
UQG Memb. Exp. Date	Address			City	State	Zip Code		
Contact Person:								
(if not President)	Name			(Area Code) Phone Number	•	Email Address		
	Address		,	City	State	Zip Code		
Closed Group?		Number o	f Members					
This Charter should be updated yearly and needs to be received by February 1st of each year. It needs to be sent to your area representative of the Utah Quilt Guild. If your chapter officers change during the year, please submit any changes or updates at that time. Membership expiration dates available at www.utahquiltguild.org under Membership Directory. A total of three (3) members of your chapter need to be members of the Utah Quilt Guild. #1 being your president listed above.								
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#2 Name of Utah Quilt Guild Member			Memb.Exp Date	(Area Code) Phone Number	Email Address			
#3 Name of Utah Quilt Guild Member Mem			Memb.Exp Date	(Area Code) Phone Number	Email Address			
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Comments:								