



CANADIAN QUILTERS' ASSOCIATION
ASSOCIATION CANADIENNE DE LA COURTEPOINTE

Application Form for CQA/ACC Regional Representatives

Appointments are made by the CQA/ACC Board of Directors. Applicants must be a member in good standing in the year of their nomination. This application form must be filled out completely and all supporting documentation must accompany your application. Please type or print.

Application Date: _____

Name of Applicant: _____

CQA/ACC Membership #: _____ Year membership began: _____

Address: _____

Town/City: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

Regional Territory to be represented by this applicant: _____

Please submit the following with this application form:

1. A letter outlining your previous volunteer positions held in quilting and non-quilting organizations and the reasons you are volunteering for this position.
2. The contact information, including name, phone number and email address of one CQA member who is a reference for this application.

CQA/ACC Reference:

1. Name: _____ Phone: _____

Email Address: _____

Signature of Applicant: _____ Date: _____

EMAIL this form and supporting documents to:

CQA/ACC Vice President

vicepresident@canadianquilter.com