



Des Moines Area Quilters Guild Small Group Form

New group
 Update
 Deactivation

Today's date: _____

What is the name of your small group? _____

Who is the main contact for this group? _____

Phone number: _____ Email address: _____

Please list the current members of your group: _____

Are you looking for new members? Yes No

Do members of your group all live in a particular part of town? Yes No

If yes, what area? _____

How often does your group meet? _____

What day? (e.g., 3rd Thursday of the month) _____

What time? _____ For how long? _____

Where? (e.g., members' homes, restaurant, library) _____

At meetings, do you primarily... Do hand work Do machine work Sit and visit

In each list, please rank the things important to your group: (1 = most important)

Techniques

- ___ Piecing
- ___ Foundation piecing
- ___ Art
- ___ Appliqué
- ___ Other: _____

Group Activities

- ___ Group projects
- ___ Individual projects
- ___ Challenges
- ___ Exchanges
- ___ Group retreats
- ___ Other: _____

*Volunteerism **

- ___ Women's health auction
- ___ Quilt show
- ___ Community giving
- ___ Other: _____

* Please give a few details of your volunteer work: (e.g., hang quilts at quilt show) _____

Would your group volunteer to serve treats at one of our guild meetings once every two years? Yes No