



Desert Quilters of Nevada
New Circle Formation Request Form

Requester Name			
Email		Phone #	
Circle Name			
Meeting Day, Time, & Frequency			
Location			
Formed by			
Leader(s)' Name(s): (Must be a DQN member)			
Circle Representative			

What to expect (focus):

I acknowledge that 50 percent of the circle's members will be DQN members. I also agree to ensure the circle follows DQN Bylaws and Standing Rules.

Signed

Date Submitted

Please save this form under the name of your circle and submit to DQNPresident@gmail.com for approval by the DQN Board.