



Sewing Lounge and Workspace Member Application

Name: _____

First

M.I.

Last

Home Address:

City: _____ ZIP: _____

Phone: _____

E-mail: _____

Employer/Organization: _____

Employer Address:

City: _____ ZIP: _____

How did you learn about Whipstitch?

Tell us what area(s) most drew you to joining the Whipstitch workspace:

- sewing machine use
- serger/quilting machine/long-arm use
- events, discounts and promotions
- space to spread out and work (cutting tables, work tables, work stations)
- community and inspiration from other members and staff
- other _____

To become a member, please **fill out this application completely** and submit

to Whipstitch of West Atlanta

ATTN: New Members

1000 Marietta St, Suite 102

Atlanta, GA 30318

Or E-mail to: members@whipstitchfabrics.com

I would like to become a member of Whipstitch of West Atlanta's workspace and have completed this applications honestly and accurately.

I would like to join at the (whole yard half yard fat quarter) level.

Applicant Signature: _____ Date: ____/____/____