



SANTA CLARITA VALLEY QUILT GUILD

MEMBERSHIP FORM -2017

RENEWAL _____

NEW MEMBER _____

ASSOCIATE MEMBER _____

PLEASE PRINT:

LAST NAME: _____ FIRST NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE with AREA CODE: _____ CELL # with AREA CODE: _____

EMAIL ADDRESS _____

Note: Monthly Newsletters are sent via email to save postage. Check if need mailed: _____

BIRTHDATE: (MONTH) _____ (DAY) _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: (with Area Code) _____

Permission to Print and/or post photos of you or your quilts: YES _____ NO _____

Annual dues of \$35.00 or \$30.00 for seniors 65 and older are due by the January guild meeting. Dues must be paid by March 1 to be included in the 2017 directory.

Associate membership dues are \$50.00 which includes an ad for one year in the newsletter.

Please bring or mail the COMPLETED FORM with a check payable to SCVQG or with cash.

AMOUNT PAID: _____ CASH: _____ CHECK #: _____

Signature: _____ DATE: _____