



# Simcoe County Quilters' Guild Membership Application

Name: \_\_\_\_\_

- New Member       Renewing Member       Address/Contact Information as on File

Please complete as new member or if updates as a renewing member (only what has changed):

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## **Membership Fees (Cheques Payable to Simcoe County Quilters' Guild):**

- Renewal (\$40)     New member (\$45)     Associate Member (\$15)     Life Member

Membership fees are payable by cash or cheque at the membership table or by mail to:  
SCQG Membership, Box 28051, Barrie, ON L4N 7W1

## **Membership Agreement (Please Check to Acknowledge you have Read and Understand):**

- Membership agreement is for the period of September 1, 2019 to August 31, 2020.
- The Simcoe County Quilters' Guild (the Guild) will not be held responsible for any personal injury or loss of personal property incurred by any means during Guild meetings and functions, or while conducting Guild business.
- Personal information of members of the Guild is not sold, shared or circulated for commercial or fundraising purposes to any individual, group or organization outside the Guild.
- I give my permission to share:
  - all personal contact information with other guild members     Yes     No
  - my name only with other guild members     Yes     No

**Note:** All membership information will be shared with the SCQG Executive and Committee members in order for them to carry out their responsibilities.

- I give my permission for photos of myself and/or my quilts to be included in any Guild publications or social media platforms.     Yes     No
- My signature below confirms my knowledge and compliance with the terms as stated and as I have noted above.

## **Please place a check mark next to any activity you are willing to assist with.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Quilt Show Committee | <input type="checkbox"/> Teach a Class    | <input type="checkbox"/> Be a Presenter or do a Trunk Show |
| <input type="checkbox"/> Website              | <input type="checkbox"/> Outreach         | <input type="checkbox"/> Membership                        |
| <input type="checkbox"/> Newsletter           | <input type="checkbox"/> Librarian        | <input type="checkbox"/> Hospitality                       |
| <input type="checkbox"/> White Glove          | <input type="checkbox"/> Workshop/Program | <input type="checkbox"/> Make Charity Quilts               |

Recommendations for monthly presenters and workshops are welcomed. Please list any below:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_  Cash  Cheque    Date Received: \_\_\_\_\_