**STITCHES FROM THE HEART QUILT QUILD MEMBERSHIP FORM Sault Ste. Marie, ON**

|  |
| --- |
| NAME: |
| STREET: |
| CITY: PROV/STATE: POSTAL CODE: |
| PHONE # - Cel | **PHONE # - Home** |
| EMAIL (print please) |
| MEMBER STATUS: NEW [ ]  RETURNING [ ]  |

**BY PROVIDING YOUR EMAIL ADDRESS, YOU ARE GRANTING US PERMISSION TO EMAIL YOU.**

**YOU MAY REVOKE PERMISSION AT ANY TIME BY CONTACTING ANY GUILD EXECUTIVE MEMBER.**

|  |
| --- |
| **Please circle your answer** 1. Do we have permission to circulate your Contact information to the membership? **Y N**
2. Do we have permission to post photos of you on our Facebook page, newsletter or internet? **Y N**
3. Do we have permission to post photos of your quilts on our Facebook page, newsletter or internet? **Y N**
 |

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **MEMBERSHIP****FEE** | **Cheques payable to: STITCHES FROM THE HEART****e-Transfer to:** **stitchesfromtheheart@bell.net** **in MEMO section type – “YOUR NAME – membership fee”** |
| **MEMBERSHIP: $40 until September 30th - $45 on or after October 1st.** |

**FOR TREASURY USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sept 2025 to June 2026** | **$** | **Cash** | **Cheque #** | **e-Transfer (date)** | **To Treasury** |