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

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| --- | --- |
| 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.**

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| **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:** |

|  |  |
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| **MEMBERSHIP**  **FEE** | **Cheques payable to: STITCHES FROM THE HEART**  **e-Transfer to:** [**stitchesfromtheheart@bell.net**](mailto: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**

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