

Pioneer Quilters' Guild

2026 Membership Form

All personal information provided is for Guild use only and not shared with any other entity.

Name: _____

Check here if ALL of the following information has not changed (then feel free to leave it blank).

Address:		
City:	State:	Zip code:
Email:		
Telephone:	Mobile:	Birthday (Month/Day):

Active Member: \$45
Full membership privileges plus 15 Opportunity Quilt tickets and monthly newsletter.

Newsletter Subscriber: \$15
You will receive a monthly newsletter only. A \$5.00 admission fee will be charged to any newsletter subscriber attending our general Guild meetings.

Honorary Member: \$15
A continual member for 10+ years and 80+ years old by January 1, 2026. Must complete the (separate) Honorary Member form.

Payment amount: _____ Cash Or Check #: _____

Please share any talents you have that could serve the needs and goals of the guild. Our main goals are community service and education; however, help is needed in many areas. Examples: competency with computers, publicity skills, instructing classes on quilting techniques, writing, organizational skills and always, serving on a specific committee, plus any you think may be of benefit. This is how I can serve the guild (besides paying dues):

Please mark at least one or more committees in which you are interested in serving. Not all jobs require more than one person; however, it's nice to have a backup. Plus some committees need help on a one-time-only basis, so it's nice to know who to call. A list of job descriptions for all positions is available on our website www.pioneerquiltersguild.org.

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|---|---|---|--|
| <input type="checkbox"/> Books & Magazine Sales | <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Challenge | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Facility Manager | <input type="checkbox"/> Historian | <input type="checkbox"/> Hospitality | |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Mystery Quilt/Block of the Month | <input type="checkbox"/> New Member Orientation | <input type="checkbox"/> Newsletter Editor |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Quilt Show | <input type="checkbox"/> Lincoln Retreat | <input type="checkbox"/> Retreats - Mt. Hope |
| <input type="checkbox"/> Sew & Sew | <input type="checkbox"/> Social Correspondent | <input type="checkbox"/> Ways & Means | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other: _____ | | | |

By submitting and signing this form, you agree to the following terms:

Attendance

As a new/renewing member of the Pioneer Quilters' Guild, I understand that ARTICLE III of our Guild Bylaws states that: **"Members shall support the activities of the Guild by voluntary service relevant to the Guild, such as participation in fund-raising activities, serving on committees, assisting in community service projects, and ATTENDING A MINIMUM OF FIVE (5) MEETINGS PER FISCAL YEAR. Failure to comply with attendance requirements shall result in non-renewal of membership. The Executive Board will review exceptions annually."**

Media Release

From time to time, Pioneer Quilters' Guild takes and shares photos of you or your quilts for various Guild functions, promotions, (such as during Show & Tell, at scheduled Opportunity Quilt locations, during Retreats and other general settings) for use in print, online and on social media. By signing this registration, all members grant the guild the right to use recordings, video, and photographs created during their guild meetings and social functions.

Electronic Mail

Pioneer Quilters Guild uses Mail Chimp to send out the newsletter and blasts. You may opt out of receiving all email from PQG; however, please be aware that you will not receive your newsletter or any blasts or email communication from PQG if you do. PQG is not responsible for you opting out (accidentally or intentionally), and you must contact the Membership Chair about reinstating you on our mailing list.

Membership

Membership renewals/payments are accepted at the October, November and December guild meetings OR by mail to the Membership Chair(s) (PO Box 126, Rocklin, CA 95677). All renewals/payments must be received in person or by mail, no later than by the end of the December general meeting. After that date, all openings will be offered to those on the waiting list.

Signature: _____

Date: _____

**RELEASE AND WAIVER OF LIABILITY, AGREEMENT NOT TO SUE,
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY and ALL ACTIVITIES of Pioneer Quilters Guild (herein after, Activity). On behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the Pioneer Quilters Guild, its officers, directors, volunteers and agents (collectively “Guild”) from any and all claims, **including, but not limited to, claims of the Guild’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during this Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the Guild and its officers, directors, volunteers and agents **harmless** from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the Guild incurs any of these types of expenses, I agree to reimburse the Guild. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the Guild from all liability, (b) promising not to sue the Guild, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the laws of the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____
Participant Name (print) _____ Date: _____