

SANTA CLARITA VALLEY QUILT GUILD

MEMBERSHIP FORM -2018

RENEWAL
NEW MEMBER
ASSOCIATE MEMBER

PLEASE PRINT:		
LAST NAME:	FIRST NAME:	
ADDRESS		
CITY:	STATE:	ZIP:
HOME PHONE with AREA CODE	E: CELL # with AREA COD	DE:
EMAIL ADDRESS		
**Note: Monthly Newsletters a	are sent <u>via email</u> to save postage. <u>CHECK IF NEEL</u>	D MAILED:
BIRTHDATE: (MONTH)	(DAY)	
REQUIRED INFORMATION:		
EMERGENCY CONTACT NAME:_		
EMERGENCY CONTACT PHONE:	: (with Area Code)	
	t photos of you or your quilts: YES	
	<u>\$30.00 for seniors 65 and older,</u> are due b paid by March 1 to be included in the 201	
Associate membership due	es are \$50.00 which includes an ad for one	year in the newsletter.
Please bring or mail the CO	OMPLETED FORM with a check payable to	SCVQG or with cash.
AMOUNT PAID:	CASH: CHECK	
	DATE:	