



SANTA CLARITA VALLEY QUILT GUILD

MEMBERSHIP FORM – 2027

Mail to: PO Box 802863 Santa Clarita, CA 91380-2863

___ RENEWAL

___ NEW MEMBER

___ ASSOCIATE MEMBER

PLEASE PRINT:

LAST NAME: _____ FIRST NAME: _____

I am RENEWING my membership, and my information has NOT CHANGED from last year.

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE with AREA CODE: _____ CELL # with AREA CODE: _____

EMAIL ADDRESS _____

BIRTHDATE: MONTH _____ DAY _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE with AREA CODE: _____

YES _____ NO _____ Permission to print and/or post photos of you or your quilts

****Note:** Monthly Newsletters are sent VIA EMAIL to save postage.

PLEASE MAIL THE NEWSLETTER TO ME (an extra \$20.00 fee must be paid to cover the postage)

___ I would like a printed copy of the Membership Directory in addition to the emailed one.

MEMBERSHIP TYPE - Check One:

General Membership

___ General \$55

___ Seniors \$50 (age 62 and older)

Dues must be paid by the FEBRUARY
guild meeting.

Business Membership

Includes an ad for 1 year in the newsletter & website.

___ Associate Members \$70 (voting rights)

___ Business Membership \$50

Dues now include \$20 for our opportunity quilt.

You may sell your tickets if desired.

You may pay with a check payable to SCVQG. Please mail to the guild's PO box (address at top).

SIGNATURE: _____ DATE: _____

AMOUNT PAID: _____ CASH: _____ CHECK #: _____