

## SANTA CLARITA VALLEY QUILT GUILD

## MEMBERSHIP FORM – 2020

RENEWAL	
<b>NEW MEMBER</b>	
ASSOCIATE MEMBER	

PLEASE PRINT:			
LAST NAME:	FIRST NAME:		
I am RENEWING my men	mbership, and my information has	s NOT CHANGED from last year.	
ADDRESS			
CITY:	STATE:	ZIP:	
HOME PHONE with AREA CODE:_	CELL # witl	h AREA CODE:	
EMAIL ADDRESS			
BIRTHDATE: MONTH	DAY		
EMERGENCY CONTACT NAME:			
EMERGENCY CONTACT PHONE w	rith AREA CODE:		
Your preference for a charity if th	ne Guild does a donation		
Permission to print and/or post p	photos of you or your quilts: 🔲 YE	s No	
**Note: Monthly Newsletters are  PLEASE MAIL THE NEWSLET	sent <u>VIA EMAIL</u> to save postage.  TTER TO ME (an extra \$10.00 fee n	nust be paid to cover the postage)	
MEMBERSHIP TYPE - Check One:			
General Membership General \$55 Seniors \$50 (age 62 and 6		ues must be paid by the EBRUARY guild meeting.	
Business Membership Includes an ad for 1 year in the r Associate Members \$70 Business Membership \$5	newsletter & website.  (voting rights)	ow include \$20 for our opportunity quilt. You may sell your tickets if desired.	
You may pay with a check payab	ole to SCVQG, with cash, or by credi	it card at the guild meeting.	
SIGNATURE:		DATE:	
AMOUNT PAID:	CVCH·	CHECK #•	