| | SANTA CLARITA VALLE MEMBERSHIP FORM Mail to: PO Box 802863 Santa Cla | <u>1 – 2022</u> | RENEWAL 🗌 NEW MEMBER 🛄 ASSOCIATE MEMBER 📘 |
|--|--|----------------------|--|
| PLEASE PRINT | <u>.</u> | | |
| LAST NAME: | AST NAME: FIRST NAME: | | |
| | WING my membership, and my in | | , |
| | | | |
| HOME PHO | NE with AREA CODE: | CELL # with AREA COD | E: |
| | RESS | | |
| BIRTHDATE: MONTH DAY | | | |
| 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 <u>VIA EMAIL</u> to save postage. PLEASE MAIL THE NEWSLETTER TO ME (an extra \$14.00 fee must be paid to cover the postage) | | | |
| MEMBERSHIP TYPE - Check One: | | | |
| General Memb | - | | be paid by the guild meeting. |
| Associate I | bership or 1 year in the newsletter & website Members \$70 (voting rights) Iembership \$50 | - | for our opportunity quilt. ur 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: | СНЕСК # | : |