

Membership Application 2020-2021

Elk Grove Quilt Guild
P.O. Box 1413
Elk Grove, CA 95759-1413

Check us out on the web at: www.elkgrovequiltguild.org



Name: _____ Member No. _____

Address: _____
Street City State Zip

Telephone: Home _____ Work _____ Cell _____

Birthday (MM/DD): _____ E-Mail to: _____

Newsletter will be sent to the e-mail address above. If it changes please notify Membership.

Guild Membership is open to any person who supports the purposes of our Guild and complies with its Bylaws.

Regular members may hold office, receive the newsletter and participate in all Guild activities.

Junior members must be from 10 to 17 years of age on July 1st. They must have an adult sponsor who is a Guild member. Junior members are non-voting members and cannot hold an office.

Affiliate Membership – A business or merchant who supports the purpose of the Guild and complies with the Bylaws. Affiliate membership is subject to the approval of the Board.

Dues are due by the July General Membership meeting. Delinquent member's names will be dropped from the membership roster and will lose all member privileges until membership dues are paid.

Nametags: Members must make their own nametags (e.g. Quilted, Cross-stitched, Embroidered, etc). New members have two months to make their nametags.

Nametags are worn at all Guild meetings. Members will be fined \$.50 if they forget to wear their nametags to the meeting.

Regular Member \$35 Junior \$10 Affiliate \$40 Check Cash

NEW (Prorated Amt. () or Renewal ()

Make checks payable to the "Elk Grove Quilt Guild" and mail to address above.

I DO NOT want my address given to the affiliate members.

What are your primary interests in the world of quilting (piecing, art quilts, applique etc):

What type of programs, events, challenges etc would you like to be offered? (Feel free to continue on the back)

Member Signature: _____ Date: _____

----- *This section will go to the President-Elect* -----

We strongly encouraged our members to actively participate in the guild by becoming a Committee chair. Please indicate below which committee(s) you are interested in. This will be for the next year.

- | | |
|--|---|
| <input type="checkbox"/> NCQC Representative | <input type="checkbox"/> Programs (2021-22) |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Block of the Month |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Quiltaholics | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Property Manager | <input type="checkbox"/> Secret Pal |
| <input type="checkbox"/> Opportunity Quilt | <input type="checkbox"/> Sunshine |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Auditor |
| <input type="checkbox"/> Quilt Show (2021) | <input type="checkbox"/> Other |

Member Signature: _____ Phone: _____