

# Membership Application 2024-2025

Elk Grove Quilt Guild  
P.O. Box 2721  
Elk Grove, CA 95759-2721

Check us out on the web at: [www.elkgrovequiltguild.org](http://www.elkgrovequiltguild.org)



Name: \_\_\_\_\_ Member No. \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Birthday (MM/DD): \_\_\_\_\_ E-Mail to: \_\_\_\_\_

**The 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 \$40  Junior \$10  Check  Cash

NEW  (Prorated Amt. (\$\_\_\_\_\_)) or Renewal

(\$\_\_\_\_\_) Additional Tax-Deductible Donation to the Guild

**Make checks payable to the "Elk Grove Quilt Guild" and mail to the 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 Committee chairs. 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 (2024-2025 or 2025-2026)) |
| <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 (2025 or 2027) | <input type="checkbox"/> Other                              |

Member Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Revised May 2024