

Region of York Quilters Guild  
Membership Form 2018-2019

Please Print Clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NEW Member or  RENEWING Member & Your Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_

**Note: above information will be included in the membership list which is shared with all executive and committee members**

Annual Membership Fee **\$40.00**

Youth Membership (ages 16-20) **\$20.00**

Please make cheque payable to: **Region of York Quilters Guild**

Kindly submit this form with payment attached to the Membership Table at the April or May meetings or mail the form with accompanying cheque to:

Fran and Jane Woods, 38 Newmill Crescent, Richmond Hill, Ontario L4C 9T7

**All renewals must be received by June 30, 2018. No exceptions.**

**New members are welcome.**

We continue to seek members interested in assisting on the following committees. Consider joining and check an appropriate box to indicate your interest in a particular committee.

<input type="checkbox"/>	Vice-President	<input type="checkbox"/>	Membership	<input type="checkbox"/>	Program	<input type="checkbox"/>	Historian
<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Library	<input type="checkbox"/>	Workshop
<input type="checkbox"/>	Secretary	<input type="checkbox"/>	Social	<input type="checkbox"/>	Block of the Month	<input type="checkbox"/>	Retreat
<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Display	<input type="checkbox"/>	Quilt Show	<input type="checkbox"/>	Webmaster

Please share your suggestions for:

Speakers: \_\_\_\_\_

Workshops: \_\_\_\_\_

Retreat: \_\_\_\_\_

Library Books: \_\_\_\_\_

I give permission for photos of myself and/or my quilts to be included in any Guild publications. (Please check)

Yes  No

I would be willing to billet an out-of-town speaker. (Please check) Yes  No

I give permission to share my personal contact information with other guild members. (Please check)

Yes  No  Please sign: Signature \_\_\_\_\_

---

**DO NOT WRITE IN SPACE BELOW - Completed by Membership Chair Only**

Date Paid \_\_\_\_\_ Cheque # \_\_\_\_\_ Cash