



Mid Valley Quilt Guild

Member Application

July 2018 - July 2019

Membership Committee	
Use ONLY	
Amount Paid	_____
Check/Receipt #	_____
Name Tag	Directory
DB entry	_____ Mail?

PLEASE PRINT YOUR INFORMATION CLEARLY

I am renewing my Membership: I am a New Member: I usually attend ___AM___PM___ both Meeting(s)

Name _____ Contact Phone _____

Address _____ City _____ State ___ Zip Code _____

E-mail and/or Website _____

Business Name _____ (Quilt related business Only)

Type of Business _____ **Print in Directory? Yes No

Examples: Quilt Shop, Long Arm Business, Pattern Business, etc.

**Applications not received by June 30, 2018 will not appear in the Directory but instead added monthly, as received, in the Newsletter and in the website directory.

Members are encouraged to volunteer or serve on a Committee each year

- | | | |
|--|---|---|
| Committees: | | Projects: |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Bolt to Bed |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> State Fair Booth |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Programs | <input type="checkbox"/> Website |
| <input type="checkbox"/> Library | <input type="checkbox"/> Policies and Procedures | |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Quilt College-even years | |
| <input type="checkbox"/> New Member | <input type="checkbox"/> Quilt Show-odd years | |

Members are encouraged to make one comfort quilt each year due during the month of your Birthday. Kits are available at all General Meetings.

I have skills and talents I can share to support the Guild: _____

We value your input: Please use the back of this form to share your general comments or suggestions. Please include ideas you have for programs, challenges and events you would like to see

Membership dues are \$30.00 (July 1 st thru June 30 th)	\$ 30.00
E-mail copy of Newsletter has no charge	\$ 0.00
Paper copy of Newsletter to your home add \$6.00	\$ _____
Pickup Directory & Membership card at the meeting or receive by mail for \$1.50	\$ _____
Total payment enclosed:	\$ _____

Make checks payable to MVQG and mail to Membership Chair

Membership Chairperson

Mail to: Chloe Minard, P.O. Box 21443, Keizer OR 97307

Questions please phone: 503-551-8795 or email: hellochloe@netzero.net

Website: If new to the Guild website, please choose a password for access. Use both letters and numbers at least 8 characters long. Name _____ Password _____

This section will be forwarded to Website Chairperson Only