2018-19 AFFILIATE Membership Form for SCCQG

NAME OF AFFILIATE _____

Please check your information at www.SCCQG.org

If you are renewing and have no changes, check here _____ [everything is OK].

For new members, **or** to make changes, fill in the appropriate spaces:

1. DBA: _____
2. Mailing Address _____
3. City, State, ZIP _____
4. Telephone _____
5. Email Address _____
6. Website _____

BUSINESS PARTICULARS

We will list as many as we can! If you have a "URL" or original copy of advertisement that can be imported into the website to feature your business, please send it to: membership@sccqg.org.

Lectures _____

_____

Workshops _____

_____

Shop Info _____

_____

DUES Annual Affiliate Dues $20

Check #_____ Date _____ **Total Submitted $**_____

Name of the person completing this form _____

Phone Number _____

Email Address _____

The membership fee is due and payable October 1st. Unpaid memberships **become delinquent on January 1**. Late paid membership dues are not prorated. Please send this form and check payable to SCCQG to:

SCCQG Treasurer, 31222 Calle Del Campo, San Juan Capistrano, CA 92675

For questions contact **treasurer@sccqg.org** or **membership@sccqg.org**