

2018-19 GUILD Membership Form for SCCQG

NAME OF GUILD _____

Please check your Guild's information at www.SCCQG.org

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

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

1. Mailing address _____
2. City State Zip _____
3. Website _____
4. Website email contact _____
5. Guild meets: Day & Time _____
6. Guild meeting address _____
7. Guild's fiscal month _____ (when the guilds election/new tax year begins.)
8. Non Profit status 501(c) _____

Whether there are changes or not, please provide officer information below. This helps ensure we have current/accurate contact information.

OFFICERS	NAME	EMAIL	TELEPHONE (not for web)
President	_____	_____	_____
Programs	_____	_____	_____
Newsletter	_____	_____	_____
SCCQG Rep	_____	_____	_____
Treasurer	_____	_____	_____

We have limited the officer listings to the above to help keep our update job manageable.

DUES AND INSURANCE

Is Guild opting in for Insurance? **Yes** ___ or **No**___

Number of Members _____ Insurance Premium - \$3.25 per member \$ _____

Check # _____ Date _____ Annual guild dues: \$ 40
Total Submitted: \$ _____

Does your guild have non-profit status? 501(c) _____ Enter a number, not Y or N

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