

Foothill Quilters Guild Membership Form

Attn: Membership

Foothill Quilters Guild

*Post Office Box 5653 * Auburn, California 95604-5653*

Please fill out neatly as this is a source for roster information!

Name _____ Member # _____

Check the box if your listing in the CURRENT ROSTER is correct and no changes are needed.

Address _____

City _____ State _____ Zip _____

Telephone (primary) _____ (secondary) _____

E-mail _____ Birth date: _____ / _____ (month/day)

I do **NOT** want my address phone e-mail printed in the newsletter or Guild Roster.

I do NOT want my e-mail given to the President of the FQG and the Newsletter Editor for internal Guild communication.

The monthly newsletter will be provided via e-mail. If you do not have access to e-mail please contact the Membership Chair.

New Renew

Annual Dues: \$35 Regular \$0 Junior

Amount Attached: \$ _____

I agree to release Foothill Quilters Guild from all liability for any loss, damage, theft or destruction to any personal property during any and all Guild functions.

I hereby grant permission to Foothill Quilters Guild the right to take photographs or video of me and use my name, for use in any FQG printed publications, website or social media for the purpose of promoting the guild without compensation or further approval.

Date _____ Signature _____

NOTE: Membership runs from July 1 through June 30 of the following year.

DUES ARE PAYABLE BY JUNE 30TH EACH YEAR.

Make check payable to **FQG**.

Expires June 30, _____

Cash\$ _____ Check# _____