SOUTH BAY QUILTERS GUILD MEMBERSHIP APPLICATION - 2020- 2021

(Please print and completely fill out all information even if you are renewing)

Name:	Birthday (Month/Day):				
Address:	Preferred Phone:				
City:	State:	_ Zip:	Phone:		
Email Address:					
Emergency Contact:					
Name:	Relationsl	hip:	Phone: renew by mail, please send your application		
form with a check payable to SBQG You may also use the link provided to Louise or email Louise at <u>louise.aguil</u> Membership Category: New Member with e-mailed new	pay your du ar@gmail.co	es with a ci <u>m</u> .	redit card. Questions? Call 310-872-6040		
	ation for Com	nmunity Sei	s projects. In addition to the above dues, you vices, which is tax deductible. If you choose ceive a donation receipt. Thank you!		
you be able to attend meetings with v support our charitable goals. Please of	ery impressiv check the by-	e speakers laws for the	tion. As a member of the SBQG, not only will b, you will have many different opportunities to e specific requirements. We do understand a from meeting the membership requirements.		
In order to better serve you and align or expertise; e.g.,technology, long arr	•		ms, we ask that you list areas of interest		

Please contact Louise Aguilar or Jeanine Hamada if you have questions or feel you cannot fully meet these requirements.

I understand and accept these responsibilities.

Photography – I understand and agree that from time-to-time photographs may be taken of various Guild activities and images may appear on our website. I understand and grant permission for use of my image as described.

Signature			Date		
Received by:	Date:	□ Cash amt \$	□ Check #	& amt:	