**Please print clearly.**

Simcoe County Quilters’ Guild

Membership Application

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postal Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name** (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Fees (Please check the one that applies):**

☐ Renewal ($50) ☐ New member ($50) ☐ Associate Member ($20) ☐ Life Member

**Membership fees are payable by cash or cheque** **(**cheques payable to **Simcoe County Quilters’ Guild Inc.)** at the membership table or by mail to: SCQG Membership, Box 28051, Barrie, ON L4N 7W1.

**Membership Agreement (Please Check to Acknowledge you have Read and Understand):**

☐ Membership agreement is for the period of September 1, 2024, to August 31, 2025

☐ The Simcoe County Quilters’ Guild (the Guild) will not be held responsible for any personal injury or loss of personal property incurred by any means during Guild meetings and functions, or while conducting Guild business.

☐ Personal information of members of the Guild is not sold, shared or circulated for commercial or fundraising purposes to any individual, group or organization outside the Guild.

☐ I give my permission to share:

 ☐ all personal contact information with other guild members: ☐ Yes ☐ No

 ☐ my name only with other guild members: ☐ Yes ☐ No

 **Note**: All membership information will be shared with the SCQG Executive and Committee members in order for them to carry out their responsibilities.

☐ I give my permission for photos of myself and/or my quilts to be included in any Guild publications or social media platforms. ☐ Yes ☐ No

☐ My signature below confirms my knowledge and compliance with the terms as stated and as I have noted above.

**Please place a check mark next to any activity you are willing to assist with:**

☐ Be part of the Executive: state preferred position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(**Volunteer with the Guild! Lots of great people to meet and volunteers are integral to the success of the Guild. **For 2024 /2025 we need a Newsletter Editor and a Membership Coordinator. Thank you to our volunteers**!)

☐ Quilt Show Committee ☐ Teach a Workshop ☐ Be a Presenter or do a Trunk Show ☐ White Glove ☐ Make Charity Quilts ☐ Quilter of the Month

Recommendations for monthly presenters and workshops are welcomed. Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_** ☐ **Cash ☐ Cheque Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**