Hamilton Quilters Guild

1300 Garth St., P.O. Box 79018, Hamilton, ON L9C 4L7

**Membership Application and Renewal Form**

*(Membership term is from September1st of current year August31stt following year)*

|  |  |  |
| --- | --- | --- |
| **Please print clearly. This information will be used for name tags and Member lists.** | | |
| Last Name | | First Name |
| Address | | |
| City | Province | Postal Code |
| Home Phone | Work Phone | Cell Phone |
| E-Mail Address | | |

# How would you like to help your Guild?

In order to plan and organize a great year for our members, we rely on your participation and ask that you take a few minutes to complete the following:

I wish to be part of or help the following committees. *(Please circle your committee choice)*

# Program Workshop Library Membership Newsletter

**Cuddle Quilts Archives/Publicity Set Up Meetings Quilt Show Committee**

**Newsletter**

The newsletter is sent directly to your email account on a monthly basis.

**Privacy Policy**

I understand that the Hamilton Quilters Guild primary method of communication is email. I acknowledge that I will not share any personal information or email addresses of other guild members outside of the Hamilton Quilters Guild.

Signature Date

**We now are able to process membership fees via e-transfer. Please send your payment to:**

|  |  |
| --- | --- |
| **Membership Application or Renewals** | **Cost** |
| **New or returning Members $50.00**  ***(please make cheques payable to***  ***Hamilton Quilters Guild)*** |  |
| New or Replacement Name Tag $10.00 |  |
| **Total Cost** |  |

[**<h**](mailto:hamiltonquiltersguild@gmail.com)**a**[**miltonquiltersguild@gmail.com>**](mailto:hamiltonquiltersguild@gmail.com)

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| --- | --- |
| **For Guild Use Only** | **Updated** |
| Cash *(receipt required)* |  |
| Cheque*(receipt required)* |  |
| Membership Card Issued |  |
| Name Tag Ordered |  |
| Membership List Updated |  |
| Web List Updated |  |
| Orientation Package (New Members) |  |