

SOUTH SARASOTA MODERN QUILT GUILD
Application for Membership
2021

New Member/ Renewal (please ^{check} circle one)

Date: _____, 2020 (2021)

Please print; if renewal & no info. has changed from last year, please write "same" on Address line.

Name: _____

Email Address: _____

Mailing Address: _____

Telephone: Home _____ Cell _____

NOTE: The information you provide above (name, telephone, email address, and mailing address) will be published in our Membership Roster that will be published online to the members-only, password-protected area of our website.

If you **CONSENT** to the publication of this information on the members-only, password-protected area of our website, please initial here: _____.

If you **DO NOT** want any information published on the members-only, password-protected area of our website, initial here: _____.

DUES: Annual Dues are \$35.00 and are not pro-rated. Dues are payable in cash or by check made out to South Sarasota Modern Quilt Guild (S2MQG).

Amount Received: _____ : **Check #:** _____ **Check Date:** _____ **OR** **Cash:** _____

OR **PayPal:** _____

COMMITTEES: Are you interested in learning more about participating in a committee? (Please check all that apply.)

____ Communications and Social Media _____ Programs and Education
____ Community Service/Charity Quilts _____ Swaps and Challenges
____ Membership New idea for a committee?: _____ (describe)

GUILD INFORMATION: Guild bylaws and other policies governing Guild operations and procedures are available on the S2MQG web site: ssrqmodern@gmail.com. Guild communications will be published on the web site and sent via email to the email address you provide above.

USE OF INFORMATION POLICY: Members are advised that participation in the Guild and its activities may result in the use of their name/picture/likeness in Guild publications, *i.e.*, newsletter, meeting minutes, quilt show publications, S2MQG website, etc. The member agrees to hold harmless the South Sarasota Modern Quilt Guild, its officers, and members for any such use of the member's name/picture/likeness or other identifying information. By signing this form, you have read and agree to the above Use of Information Policy.

Signature: _____

Contact and Mailing Information for S2MQG Membership:

Mary Hayes, Membership Committee Chair
11765 Summer Springs Drive
Riverview, FL 33579
Email: maryquilts913@gmail.com

Master List _____
Treasurer _____
Email _____