Saskatoon Quilters' Guild
Membership Application for Guild year
SEPTEMBER 1, 2024 – AUGUST 31, 2025

Name: _____

Address: _____

City: _____ Province: _____Postal Code: _____

Phone: _____ Email: _____

Please place "X" to all that apply.

___ New Member ___ Member Renewal ___ Lapsed Member Renewal ___ Lifetime Member

I am joining for the first time at the encouragement of this existing guild member_____

Newsletters/Bulletins are emailed to members as well as posted on the Members page of the guild website. No print copy will be given.

Involvement with the Guild *Please place "X" to all that apply.*

____I am willing to act on the guild executive or a committee in the future.

____I have time/skills to contribute to small projects. (helper, computer, bookkeeping, etc.)

Please list_____

Saskatchewan's Personal Privacy Protection Act: Please answer 'I do', or 'I do not'. This is required.

_____ consent for my contact information to be included in the membership list that is given out only to members of the Saskatoon Quilters' Guild. The membership list will not be distributed by email.

_____ give permission to publish photographs of me or my quilts in the Guild Newsletter and/or website.

If you choose not to give permission to publish photos, then we cannot include photos of your quilt show entries, or your participation in Guild events and written communications, including the website and social media avenues. We will need your written approval to add your consent.

Signature _____
When submitting the completed form via email, typing of the applicant's name in the Signature line is considered equivalent to their written signature.

Membership Fee ($60) Payment options: (*Please place an "X"*)

_____ Cheque payable to the Saskatoon Quilters' Guild.

_____ Cash

_____ E-transfer to treasurer@saskatoonquiltersguild.com

Please complete and e-mail this form to: membership@saskatoonquiltersguild.com OR
mail to: Marlene Hordal, 815 Brabant Cres. Saskatoon, SK, S7J 4Z8

The completed Membership form and fee payment MUST be received for membership to become activated.

FOR COMMITTEE USE ONLY:	Date Rec'd: _____ Initial: _____ Fee: _____
___ E-Transfer confirmed ___Cash ___Cheque	Cheque # _____