



NEW MEMBERSHIP OR RENEWAL BY CHECK

Today's Date: ___/___/___

___ Full Member (\$45)

Year Joined: _____

___ Junior Member (\$25) (17 years old & under)

___ Affiliate (\$50)

___ Newsletter Only (\$20)

___ Donation (Specify Amount \$ _____)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____, Zip: _____

E-Mail: _____

Phone: _____ - _____ - _____ Web/Blog Address: _____

How do you want to receive the newsletter (check one): ___ E-mail ___ Paper

Please circle information for your entry in the online directory (viewable by members only):

Include all info Exclude Address Exclude Phone Exclude E-mail

Mail this form and a check made out to SFQG to:

San Francisco Quilters Guild, PO Box 27002 San Francisco, CA 94127

Attn: Membership