

Suncoast Quilting Circle Guild

P.O.Box 47764, St. Petersburg, FL 33743

Membership Application Form

Member # _____

Name: _____ Day and/or Night

Florida Address: _____

Phone Numbers: _____

E-mail Address: _____

If not a full time Florida resident, please indicate the dates you are gone: _____ to _____

Other Address: _____

Birthday: (month & Day) _____

Your quilting experience: Beginner: Intermediate: Advanced:

Your area's of interest: (check all that apply)

Applique Hand Quilting Machine Quilting Traditional Contemporary
 Design Teaching Mentoring Other(s) _____

Our newsletter is available online. Do you need a printed copy? No Yes

Note: By selecting 'No' for this option, you help lower guild printing and postage expenses.

Please tell us about your work experience / history or any special skills that you could contribute to the Guild.

Accounting/Auditing Writing or Editing Desktop Publishing.
 PR/Media Relations Digital Photography Web Design/Support
 Other _____

Please indicate in the area below the committees, activities, and functions you would like to participate in during your membership. It is through the participation of all members in these activities below, that enables the SQC to reach its highest potential. There is a more detailed description of the activities of these committees and the chairpersons in the Membership Directory. Call the appropriate chairperson if you would like more information on their activities. They will be glad to talk with you.

Executive Board Member Membership Newsletter Charity Outreach
 Parliamentarian Public Relations Sunshine Quilter's Retreat
 Education/Programs Historian Quilt Show Bastings
 Web Administrator Special Events Library

I understand by becoming a member in good standing, my membership includes a yearly Membership Directory, Name tag (replacement name tags can be purchased), Membership ID Card, access to the Guild Library Books, Quilt Basting Services, Free Quilt Show Entry, First registration for all Special Events, Trips, Classes & Member only events.

I agree to follow all Suncoast Quilting Circle Bylaws & Guidelines.

Member Signature _____ Date _____

Dues are payable to Suncoast Quilting Circle or SQC

Paid In Full with Cash / Check # _____ Rec'd By _____

Directory _____ Name Tag _____ ID Card _____ Database _____

Revised August 2011