



Membership Application 2009-2010

(Please Print)

Name _____ Today's date _____
(First) (Last)
Address _____ Apt. No. _____
City _____ ZIP Code _____
Day Phone (____) ____ - _____ Night Phone—If Different (____) ____ - _____
Cell Phone (____) ____ - _____ FAX Phone (____) ____ - _____
Email _____ Birth: Month/Day ____/____
Profession (or former, if retired) _____

New ___ or Renewal ___ (Member since _____ or Charter Member ___)
Active \$40 ___ Senior (65) \$30 ___ Youth (18) \$15___ Newsletter Only \$10___

Guild Monthly Newsletter

(Check one): Email ___ (no charge) or U.S. Mail ___ (additional \$10)

Friendship/Mini Group

Name of Group I belong to _____ or
If applicable, I would like to join a Group: Day _ Evening _

Participation

SMQG needs your help! Please check if you can help. Thank you.
Hospitality _ Membership _ Ways & Means _ Programs _ Library _
Quilt Show _ Historian _ Philanthropy _ Guild Activities _

Please bring this form to guild meeting or mail to:
SMQG Membership, P O Box 5514, Santa Monica, CA 90409-5514

For Membership Committee Only

Date: _____ Amt. Rec'd \$ _____ Check No. _____ Cash _____