



Membership Application Oct. 1, 2019 to Sept. 30, 2020

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth date (month/day) \_\_\_\_\_

NEW \_\_\_\_\_ RENEWAL \_\_\_\_ Member since \_\_\_\_\_ or Charter Member \_\_\_\_

Active \$45 (Including Seniors) \_\_\_\_ Youth (-18) \$15 \_\_\_\_ Newsletter only \$15 \_\_\_\_

Additional tax-deductible contribution to support Guild Activities \$ \_\_\_\_\_

**Guild Monthly Newsletter is sent by Email OK \_\_\_\_**

**Additional \$10 to cover US Mail \_\_\_\_\_**

Name of Friendship Group to which I belong \_\_\_\_\_

I would like to join a group - Day or Evening? \_\_\_\_\_

The SMQG needs your help! Please check if you can help with one of these committees

Hospitality \_\_ Membership \_\_ Ways & Means \_\_ Programs \_\_

Quilt Show \_\_ Historian \_\_ Philanthropy \_\_ Guild Activities \_\_

**Please bring this form to a Guild meeting or mail with a check to:**

**SMQG Membership, PO Box 5514, Santa Monica CA 90409-5514**

For Membership Committee Only

Date \_\_\_\_\_ Amt Rec'd \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_

REV 8/19