



Membership Application Oct. 1, 2020 to Sept. 30, 2021

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 8/20