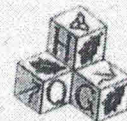




# Halton Quilters Guild



P.O. Box 91540, 3023 New Street, Burlington, ON L7R 4L6

haltonquiltersguild.ca

Please print clearly. This information will be used for the name tag (optional) and Membership List

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Item	Cost	
New or returning members	\$ 40.00	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> e-Transfer <input type="checkbox"/> Name Tag ordered
Name Tag	\$9.50	
Total		
<i>Make cheques payable to: Halton Quilters Guild</i>		

Would you like to help your Guild? Please X all that apply

- |                                       |                                     |  |   |
|---------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Outreach     | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Newsletter Distribution | <input type="checkbox"/> Newsletter Advertising |
| <input type="checkbox"/> Social       | <input type="checkbox"/> Program    | <input type="checkbox"/> Workshops               | <input type="checkbox"/> White Glove            |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Library    | <input type="checkbox"/> 50/50 Draw              | <input type="checkbox"/> Block of the Month     |
| <input type="checkbox"/> Website      | <input type="checkbox"/> Treasurer  | <input type="checkbox"/> Membership              | <input type="checkbox"/> New Member Ambassadors |
| <input type="checkbox"/> Secretary    | <input type="checkbox"/> Historian  | <input type="checkbox"/> Quilt Show Committee    |   |

**PRIVACY POLICY** : The personal information collected from members of the Halton Quilters Guild is for the use within the Guild ONLY to facilitate and conduct guild business and to provide an efficient means of communication among members. Halton Quilters Guild will not sell,rent,lend,give or otherwise provide this information to any external person or organization for the purposes not associated with Guild business.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Renewal		Cash	Cheque	e-Transfer
Initial _____	date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial _____	date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial _____	date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial _____	date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>