



Halton Quilters Guild

P.O. Box 91540, 3023 New Street, Burlington, ON L7R 4L6 haltonquilters@gmail.com



Membership Form for July 1, to June 30,

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 member	\$35.00
	Name Tag	\$9.50
	Guild Pin	\$5.00
	Other	
	TOTAL	

Make cheque payable to: Halton Quilters Guild

Cash
 Cheque
 e-Transfer haltonquilters@gmail.com
 Name tag ordered

Snippets Newsletter:

The guild publishes a monthly newsletter called 'Snippets'. Please indicate your preferred delivery method.

I prefer: Email I will download it from the website Printing of Snippets for pick-up \$15.00/year

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 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"/>