

# CHAMBERSBURG QUILT GUILD



## MEMBERSHIP FORM



**Each member must complete an application form.**

**Membership dues for the coming year, September 1, 2019 to August 31, 2020, must be paid no later than September 1<sup>st</sup> or membership will lapse.**

Checks are made out to the Chambersburg Quilt Guild, can be sent to the membership chairperson:

**Roxanna Iser**  
**CHAMBERSBURG QUILT GUILD**  
**1059 Marvern Drive E**  
**Chambersburg, PA 17202**

Please fill in the following information:

Name: (MS, MRS, MISS, MR) \_\_\_\_\_  
FIRST MI LAST

### Emergency Contact information:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_

Street, RR# or Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

### Select membership type

Single (\$30.00) \_\_\_\_\_ Family (\$35.00) \_\_\_\_\_ Junior (\$20.00) \_\_\_\_\_ (ages 10-17)

(Please note that if you choose a family membership, all members must reside at the same address)

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Are you willing to print your copy of the monthly newsletter from the guild website? Yes \_\_\_ No \_\_\_  
([www.chambersburgquiltguild.com](http://www.chambersburgquiltguild.com))

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I agree \_\_\_/disagree \_\_\_ that the Chambersburg Quilt Guild may use my photographs in the CQG website.

\_\_\_\_\_  
Your signature

L \_\_\_  
W \_\_\_  
C \_\_\_