



CHAMBERSBURG QUILT GUILD

MEMBERSHIP FORM

Each member must complete an application form.

Membership dues for the coming year, September 1, 2024, to August 31, 2025, must be paid no later than September 1, 2024, or membership will lapse.

Checks are made out to the Chambersburg Quilt Guild, and sent to the membership chair:

Carolyn Arnold
Chambersburg Quilt Guild
5621 Molly Pitcher Highway S
Chambersburg, PA 17202

Please complete the following information:

Name: (Ms., Mrs., Miss, Mr.) _____

Email: . _____ Birthday: (month/day) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Select membership type

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

Honorary (free) ___ members turning 90 (ninety) September 1st, 2024, or later. Please note that if you choose family membership, all members must reside at the same address.

Are you willing to print your copy of the monthly newsletter from the guild website? **Yes or No?**
(www.chambersburgquiltguild.com) If **NO**, \$5.00 will be added to your membership fee

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

Your expectations for the privilege of membership:

- Purchase or sell \$30.00 of raffle tickets,
- Contribute to your choice of community service projects,
- Participate in the raffle quilt,
- Occasionally assist with committees and/or serve as an officer,
- Read the monthly newsletter for important information.

Your signature _____

Have you been in the Military: yes/no, Branch _____ For how long _____ Any commendations _____

Emergency Contact Information:

Name _____ Phone _____ Relationship _____