

**FLYING GEESE QUILTERS GUILD
2017-2018 MEMBERSHIP FORM**

Please **PRINT** the following information.

Today's date: _____ New: _____ Renewing: _____ Check#/Cash _____

Name: _____

____ NO CHANGE in CONTACT INFORMATION (can leave rest of form blank)

We would like to have your emergency contact; this is optional. This information will be kept confidential, will not be published and we will only contact this person in a true emergency.

Emergency Contact Name: _____ Phone: _____

Relationship to you: _____ Email: _____

Street address: _____

City: _____ State _____ Zip +4 _____

Phone #: _____ cell # _____

E-mail address: _____

Birthday (month/day) _____

Membership fee: \$40.00

Please make checks payable to: **Flying Geese Quilters Guild**

If mailing, please send to:

**Flying Geese Quilters Guild
C/O Membership
P.O. Box 14271
Irvine, CA 92623-4271**

For your information: As a Flying Geese Quilter's Guild member, your name will appear in the Guild's directory, newsletter, and website. The website newsletter and announcements will NOT LIST addresses, phone numbers, or e-mail addresses unless we have your permission. *If you do not wish your name to appear in the newsletter or on the website, please contact the newsletter editor, the website liaison, and the president of the guild in writing.*