Parksville Quilt House Quilters Guild
Membership Registration

Name ____ Member # __________

Address ____

City _______________________________ Postal Code _________________

Home Phone ______________________ Work Phone _________________

Email ______________________ ______________________

I would like to receive the newsletter by: Regular Mail _____ Email ____

Date ________________ Fee $ _________ Cash _____ Cheque _____

Attend: Day ______ and/or Evening _____

As a member of the guild I am also a member of the Parksville Comfort Quilt Society.

Areas I am willing to volunteer in (no experience necessary)

(rank by order of preference if you wish)

Library__________
Greeters_________
Social Events_____________
Program planning______________
Workshops____________
Door prizes_________
Quilt Walk_____________
Telephone Committee__________
Comfort Quilts___________
Refreshments at meetings__________
Membership______________
Newsletter___________
Mailing_______
Quilt Show Committee___________
Community Events____________
Other areas as needed__________

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I **consent** to my personal information appearing on the membership list that is given out to the members of the Parksville Quilt House Quilters Guild.

______________________________ ______________________________________

Print name Signature

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I **do not consent** to my personal information appearing on the membership list that is given out to the members of the Parksville Quilt House Quilters Guild.

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Print name Signature
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