

NBQA MEMBERSHIP APPLICATION September 2015-May 2016

ALL MEMBERS:

- Receive a membership booklet and membership card which may entitle the member to discounts at local quilt shops.
- Receive five bimonthly newsletters via email.
- May submit a quilt to the biannual show.

FULL MEMBERS – GUILD LIMIT 250 FULL MEMBERS	ASSOCIATE MEMBERS
<ul style="list-style-type: none"> • May attend all meetings. 	<ul style="list-style-type: none"> • May attend 2 meetings per year.
<ul style="list-style-type: none"> • May enroll in all workshops and trips. 	<ul style="list-style-type: none"> • May be wait listed for unfilled workshops and trips.
<ul style="list-style-type: none"> • New full members will receive a name pin to wear to meetings. 	<ul style="list-style-type: none"> • Will be given a priority position on the waiting list for full membership.

Membership dues are not prorated for a partial year. Bring this completed form with cash/check to a meeting or mail this completed form with a check (DO NOT MAIL CASH) to:

Judy Chase
634 Tourtellot Hill Road
Chepachet, RI 02814

- I AM A CURRENT MEMBER RENEWING MY MEMBERSHIP.** (Must be received between May 1st and May 31st for the next year.)
- Full membership \$30 (check enclosed if mailed)
 Associate Membership \$15 (check enclosed if mailed)
- I AM A NEW MEMBER.**
- Full membership \$30 (check enclosed if mailed)
 Associate Membership \$15 (check enclosed if mailed)
- MAIL MY MEMBERSHIP BOOKLET TO MY HOME ADDRESS** (include an additional \$1.00 for postage).
- MAIL A PAPER COPY OF THE NEWSLETTERS TO MY HOME ADDRESS** (include an additional \$10.00 for printing and postage).

PLEASE PRINT CLEARLY – ESPECIALLY THE EMAIL ADDRESS AND EMERGENCY CONTACT INFORMATION

NAME: _____ DATE _____

ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

EMERGENCY CONTACT

NAME _____ PHONE _____

RELATIONSHIP TO YOU _____

In what type of program or speaker would you be interested?

FULL MEMBERS: Would you like to help out by working on a committee? Please check your choice(s) and the appropriate committee chairperson will contact you.

- | | | | |
|---|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Door Prizes | <input type="checkbox"/> Museum | <input type="checkbox"/> Block of the month |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Publicity | <input type="checkbox"/> DVD library | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Comfort Quilts | <input type="checkbox"/> Other _____ | | |

To be completed by NBQA.

Amount Rec'd _____ Check# _____ paper copy of newsletter _____ (\$10.00 fee) Booklet mailed _____ (\$1 fee)