



Mountain Cabin Quilters Guild Membership Application / Renewal Form

For the guild year **August 1, 2019 to July 31, 2020**

Annual Fee **\$60**

Make your cheque payable to "MCQG" and mail payment & form to:
MCQG Memberships, Box 8008, Canmore, AB, T1W 2T8
or send e-transfer to karen@informativeservices.com

Website: www.mountaincabinquilters.ca

NAME: _____ **YEAR JOINED:** _____

Check box if your **membership information is unchanged** from last year.

Street:		
City:		Prov:
Postal Code:	Home phone:	Cell phone:
Email:		

MEMBERSHIP BENEFITS:

- Monthly **Guild meetings** to share and experience with others
- Stitch & Learn demos; Quilt-'Til-You-Wilt days
- Receive priority registration in Guild **workshops** or special events
- Access to **website** and **email** communication updates
- Access to **library** and may borrow up to 4 books
- Display quilts in the annual **Visions Show** and in the bi-annual **Festival of Quilts Show**
- Vote on Guild issues
- May receive discount at quilt stores and discount on artsPlace courses

VOLUNTEER COMMITMENT: We are a busy guild and need your help. You will be asked to volunteer, so please help when you can with whatever you can so all of us can spend more time quilting.

COMMUNICATIONS BY EMAIL: All communications from the Guild will be sent via email.

WEBSITE: Members' photographs may appear on the website. Names will appear as first name and initial of last name.

PRIVACY POLICY: The personal information collected from members of the MCQG is for use by the Guild, to facilitate and conduct Guild business and to provide efficient communication among members. The MCQG will not sell, rent, lend, give, or otherwise provide this information to any external persons or organizations for any purpose whatsoever without prior consent, nor will the information be used for solicitation purposes not associated with Guild business. As a Guild member, I will not distribute Guild Membership Lists and/or Communications to any person who is currently not a member in good standing, for any reason or circumstance.

I have read and agree to *all the terms and conditions* above.

***In addition, I agree to have my name and contact information as given in this form included in the distribution list sent to members.**

***Please INITIAL here:** Yes I consent _____ No I decline _____

****In addition, I agree to have my name provided to artsPlace to facilitate member discounts for courses.**

****Please INITIAL here:** Yes I consent _____ No I decline _____

SIGNATURE: _____ **DATE:** _____