

Santa Rosa Quilt Guild

AFFILIATE MEMBERSHIP

Today's date: _____

Check #: _____

Is this a Renewal or New Membership

Please PRINT clearly:

Affiliate Business Name: _____

Owner/Operator Name: _____

Business Address: _____

Phone: (____) _____

Hours of Operation: _____

Website and/or blog address:

Email address, if different:

Please send check for \$35 made payable to **SRQG**.

Note: If you are also a Regular Member, the dues for Affiliate Membership are discounted to \$20. If you are applying for both memberships simultaneously, the dues for 'dual membership' are \$55.

To: Membership
Santa Rosa Quilt Guild
PO Box 9251
Santa Rosa, CA 95405

The first year's dues are pro-rated:
\$17.50 for joining July 1 through September 30.
\$8.75 for joining October 1 or later.

New Members:

The first Thursday of each month is our business meeting. We would like to invite you to make a 15 minute business presentation at one of these meetings.

My first choice of dates is: _____. My second choice is: _____.
_____ I would rather wait to choose a date and will contact you.

Thank you for supporting our guild!
SRQG Membership Committee

For internal use

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|--------|--|
| Excel | |
| Roster | |