

## **Capital Quilters Guild Membership Form**

July 1, 2024- June 30, 2025

Help us **confirm** that our records are accurate by completing **all** the information below:

Name:			
Address:			
City:	State:	Zip code:	
Phone:	Email:		
Birth Month:	Birth Day:	(for member benefits)	
Please respond to each of the follow	ving questions by ci	rcling YES or NO:	
Do we have your permission to use y	our email address to	o email communication from the guild?	YES or NO
The Member Directory is published in	n print for a fee and	available free on CQG member-only so	cial media.
Do you wish to be included in the Me	ember Directory? <b>YE</b>	S or NO	
Are you a member of CQG's Faceboo	k page? YES or NO		
Are you a new member? YES or NO			
If you are a member of a bee, what is	s the name of your b	pee?	
If you would like to join a bee, tell us	your preference (pl	ease circle ALL of your preferences): Da	y/Night
Weekday/Weekend North/South/Ea	ast/West/Any Regio	n Art/Hand/Charity/other	_
Membership Fees: (Please note that	<u>all</u> members are rec	quired to pay dues.)	
Regular Membership			\$40.00
Quilters aged 70 or older (prior to, or	r on June 1, 2024)		\$25.00
Junior Membership (18 years and yo	unger; full scholarsh	ips are currently available)	\$ <del>25.00</del> 0.00
Printed CQG Membership Directory (to l	be picked up at the No	ovember meeting)	\$10.00
Optional donation (tax deductible)			\$

## Please bring this form with payment to the next meeting or mail to: **Capital Quilters Guild** PO Box 20331 Raleigh NC 27619-0031