

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 \$30 made payable to **SRQG**.

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

The first year's dues are pro-rated:

\$15 for joining during the 3rd quarter; \$7.50 for joining during the 4th quarter.

If available, please include 2 business cards with this application. We will scan one into the affiliate advertising section of our monthly newsletter.

New Members:

The 1st 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 1st choice of dates is _____. My 2nd choice is _____.
_____ I would rather wait to choose a date and will contact you.

Thank you for supporting our guild.
SRQG Membership Committee