

Virginia Consortium of Quilters Application for Membership

Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

By providing my email address I understand that I will receive the newsletter electronically.

Your membership can be paid for multiple years (up to 5 years) with this form. This date will be on your membership card and the mailing label of each newsletter. If dues increase during this period, yours will not.

() New Member (Referred by _____)

Amt: \$ _____ (Make check payable to "VCQ")
(\$30 per calendar year for 2024 and later, up to five years.)

() Renewal Amt: \$ _____ (make check payable to "VCQ" and include SASE)

(\$30 per calendar year for 2024 and later, up to five years.)

Renewal Members Only: Please enclose this application, your payment, and a self-addressed stamped envelope (SASE) to help defray costs!

() I am a member of a local quilt guild/group: _____

(List all guilds)

() I teach and/or lecture about quilting. Specialty: _____

() I may be willing to drive others from my area to VCQ meetings.

Mail to:
Faye Hannah
Membership Chairperson
624 Lacy Oak Dr
Chesapeake, VA 23320

Questions: membership@vcq.org

For Membership Only:

Date Rec'd: _____ CK Dep _____; Mem List updated _____; Card Sent _____

Amt: _____

Ck. No. _____

Exp. Year: _____ New Member Packet: Letter ___; Name Badge ___ Card ___