

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 unless I check the box below.)

I wish to receive a *paper copy* of the quarterly newsletter.

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")
(\$25.00 per year, up to five years only.)

Renewal Amt: \$ _____ (make check payable to "VCQ" and include **SASE**)
(\$25.00 per year, up to five years only.)

Renewal Members Only: Please enclose with your payment, your application and a self-addressed stamped envelope (SASE) if you wish to have your card mailed to you!

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

I teach and/or lecture about quilting.

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

Mail to: **Faye Hannah**
 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 ___