**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”)

($25.00 for 2023 only, $30 per calendar year for 2024 and later, up to four more years.)

( ) Renewal Amt: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ (make check payable to “VCQ” and include **SASE**)

($25.00 for 2023 only, $30 per calendar year for 2024 and later, up to four more 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:** Area \_\_\_\_\_\_\_\_\_\_

Date Rec’d: CK Dep\_\_\_\_; Mem List updated \_\_\_; Card Sent\_\_\_\_\_

Amt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ck. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Year:\_\_\_\_\_\_\_\_\_ New Member Packet: Letter \_\_; Name Badge \_\_\_ Card\_\_\_

Revised 05/01/2023