

# 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](mailto:membership@vcq.org)**

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## 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 \_\_\_