

MAYFLOWER QUILTERS GUILD RENEWAL FORM
(RENEWAL APPLICATIONS MUST BE RECEIVED BY: NOVEMBER 1st of each year)

FIRST NAME: _____ LAST NAME: _____

Renewal info the same

ADDRESS: _____

CITY/PROV: _____ POSTAL CODE: _____

STATE/ZIP: _____ PHONE: (____) _____

BEE: _____ EMAIL: _____

Are you a member of another Guild? Please specify which: _____
 (The above information will appear in the membership list distributed to all Mayflower Quilters Guild members)

PLEASE COMPLETE EITHER SECTION "A" OR "B"

Cheques should be made payable to Mayflower Quilters Guild. Payment will be accepted at the June, September and October meetings or by mail to: Membership Director
 Mayflower Quilters Guild
 PO Box 22068 Bayers Rd RPO
 Halifax, NS B3L 4T7

SECTION A FOR RENEWALS/NEW MEMBERS (Annual Fee - \$25.00)

I wish to join/renew my Membership in Mayflower Quilters Guild and agree to receive my newsletter: Electronically ____ Mail ____

SECTION B FOR ASSOCIATE GUILDS (Annual Fee - \$30.00)

Name of Guild: _____

Please indicate how you wish to receive your newsletter: Electronically ____ Mail ____

(Guilds/Chapters must provide a current membership list to the Membership Director of Mayflower Quilters Guild by November 1st of each year). These lists are for record purposes and will not be shared.

Would you consider serving/helping on any of the following Executive positions? (Please indicate which position)

President		Library	
Vice President		Newsletter	
Secretary		Historian	
Treasurer		Correspondence	
Membership		Comfort Quilts	
Program		Retreat Committee	

Suggestions for Workshops: _____

Suggestions for Program: _____

Any Other Ideas/Suggestions: _____