



Grapevine Quilters of Mendocino County Membership Form

I am a (check one)

___ New Member

___ Renewing Member

___ Charter Member

___ Returning Member (after an absence)

Dues must be paid in full by January 31. The completed form and payment may be brought to the regular Guild meeting or mailed to the Guild at PO Box 1825 Ukiah CA 95482

Please fill out form completely

Name: _____ Birthday: _____

Address: _____ Email Address: _____

City: _____ Phone: _____

State Zip: _____ Secondary Phone: _____

I am paying the following:

___ Dues [Regular \$40.00; Charter \$30.00; Junior \$10.00]

___ Donation: Amount _____ Where would you like your donation applied: _____

TOTAL: _____

*If eligible, you can receive reimbursement for your dues; go to hellogrouper.com to sign up. For those not eligible, there are scholarships available. Talk to the Membership Chair or one of the Member Representatives for more information.

Release Form: *Signature is required to attend in-person Guild meetings and events.*

Per the terms of our insurance, members of the Guild are not covered in the event of any injury. Therefore, members shall assume all risk of loss, damage, liability, injury cost or expense that may arise or be caused in any way, at any facility where Guild functions are held.

Today's Date: _____

Member's Signature (required):

The success of any Guild depends on the volunteerism of its members. With this in mind, which committees would you like to work with? [Check as many as you like] The current committee chair will contact you.

___ Opportunity Quilt Construction
___ Opportunity Quilt Raffle
___ Quilt Show
___ Community Quilts
___ Retreats
___ Block of the Month
___ Gift Exchanges
___ Sharing & Caring
___ Fat Quarters
___ Treasure Baskets

___ Freebie Table
___ Workshops
___ Historian/Photographer
___ Merchandising
___ Membership
___ Newsletter/Communications
___ Parliamentarian
___ NCQC/QGNQ Rep
___ Publicity
___ Social Media Coordinator

Single Project Committees:
[These committees are a once per year commitment.]

___ Audit Committee
___ Budget Committee
___ Bylaw Committee
___ Nominating Committee

Guild Use Only: Amt Paid _____ Check/Cash _____ Date Paid _____ To Committee _____