



Sinnissippi Quilters, Inc.

P.O. Box 1556
Rockford, IL 61110-0056

MEMBERSHIP APPLICATION FORM 2019-2020

Check # _____

Please print clearly for Membership Directory:

Name _____ Birthday Month _____ Day _____

If your information is the same as printed in last years directory, check here.

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Mailing Address _____, City _____, State ____ Zip _____

E-Mail: _____

I do not have access to a computer to receive the newsletter and want it mailed to me.

I am a: _____ New Member _____ Renewing Member _____ Afternoon _____ Evening

Signature _____ Date _____

Dues are \$40 August 1st to July 31st, \$20 after February 1st. Please make checks Payable to Sinnissippi Quilters Inc.

A separate check of additional monetary donations to the Guild are tax exempt and much appreciated as dues do not cover expenses.

Each Sinnissippi Quilters Guild member is encouraged to:

Support the guild's Charity Activities. (Check out the tables along the back wall for your favorite. Please sign up to bring refreshments once a year to a guild meeting. Read Sinnissippi Quilters' Guild Constitution and By-Laws. (see your Directory or ask for a copy). Provide support for Biennial Quilt Show and Sale of Raffle Tickets.

You are needed to keep Sinnissippi Quilters strong and glad. Please take the opportunity to make new friends while sharing common interests by participating in guild activities. **Please check the items you have an interest in.** Checking a box does not commit you to anything. The board is helped by knowing your interests.

- Charity Quilt Refreshments Quilt Show December Party Workshops Historian Mini Groups
- Photographer Housing Speaker Publicity Show & Tell Quilt School Newsletter Computer Skills
- Teaching Greeter Raffle Quilt Other: Please explain: _____

Please consider running for a Guild Executive Board Position: Again, checking items does NOT commit you to anything. It will allow you to receive more information on the positions.

- Vice President (moves to President 2nd year Treasurer (2 year term) Secretary (2 year term)
- Membership (2 year term) Programs 2 (moves up to Program Chair 2nd year)

Bring this completed form with payment to a Guild Meeting at Bethesda Covenant Church, 2101 E. State St., Rockford, IL (Meetings First Thursday of the month, Afternoon 1:00 pm, Evening 7:00 pm) or mail to: Sinnissippi Quilters, Inc., PO Box 1556, Rockford, IL 61110-0056.

Please share your suggestions and ideas on the back of this form.

(Membership Office use Only...Please do not write below this line)

Membership: Initials _____ Received payment of \$ _____ as Check or Cash (circle one)
Check # _____ Date: _____ Entered into Computer Date: ____/____/____