



Sinnissippi Quilters, Inc.

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

MEMBERSHIP APPLICATION FORM 2020-2021

Check # _____

PLEASES PRINT CLEARLY FOR MEMBERSHIP DIRECTORY AND FILL OUT COMPLETELY

Name: _____ Birthday Month _____ Day _____

Hone Phone: (____) _____ Cell Phone: (____) _____

Mailing Address: _____ City: _____ State _____ Zip _____

E-Mail Address: _____

_____ 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 our dues do not cover all of our expenses. **Each Sinnissippi Guild member is encouraged to:**

- Support the guild's Charity Activities. (Check out the table along the back wall for your favorite.)
- Please sign up to bring refreshments once a year to a guild meeting.
- Read Sinnissippi Quilter's 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 Guild strong. 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 an activity does not commit you to anything. The board is helped by know your interests.

Charity Quilt Refreshments Quilt Show December Party Workshops Historian
 Mini Groups Photographer 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 to Program Chair 2nd year)

Bring this completed form with payment to a Guild Meeting at Bethesda Covenant Church, 2101 E. State Street, Rockfo0rd, IL (Meetings held the First Thursday of the month, Afternoon 1:00 PM, Evening 6:30 PM) or mail to Sinnissippi Quilters, Inc., P. O. Box 1556, Rockford, IL 61110-0056.

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

(Membership Officer Use Only Please do not write below this line)

Membership: Initials _____ Received payment of \$ _____ as Check or Cash (circle one)

Check # _____ Date: _____ Posted: _____/_____/_____