

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 unless I check the box below.)

I wish to receive a *paper copy* of the quarterly newsletter.

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 per year, up to five years only.)

Renewal Amt: \$ _____ (make check payable to "VCQ" and include **SASE**)
(\$25.00 per year, up to five years only.)

Renewal Members Only: Please enclose with your payment, application and a self-addressed stamped envelope (SASE) for your membership card.

I am a member of a local quilt guild/group: _____
(list all guilds)

I teach and/or lecture about quilting.

I may be willing to drive others from my area to VCQ meetings.

Mail to: Karin McElvein, Membership Chairperson
1309 Maplewood Ave.
Norfolk, VA 23503

Questions: karinlisa7@gmail.com

For Membership Only:

Date Rec'd: _____ New Member Packet: Letter __; Name Badge __ Card __

Amt: _____ CK Dep _____; Mem List updated __; Card Sent _____

Ck. No. _____

Exp. Year: _____