

Comox Valley Schoolhouse Quilters Guild

Membership Registration

Name _____

Mailing Address _____

_____ Postal Code _____

Phone Number _____ Birthday (M&D) _____

Email address _____

Newsletter delivery **Emailed** _____ **Paper Copy** _____
(Will not receive a paper copy) (To be picked up at the hall on the 1st Thurs. of the month)

Please check one of the following:

Membership renewal _____ or New Member _____

British Columbia's Personal Privacy Act:

I consent to my personal information appearing on the membership list that is provided to the members of the Schoolhouse Quilters Guild. Please include my name on the membership list.

Yes _____

Print name

signature

For committee use only:

Payment date: _____ Cheque _____

Cash _____

Our fees are:

\$40 per year (from September to September)

. Payment can be made in person each Thursday at the hall or mailed to:

**Comox Valley Schoolhouse Quilters,
P.O. Box 1507,
Comox, B.C. V9M 8A2**