



**DeKalb County Quilters' Guild P.O. Box 385 Sycamore IL. 60178**

**MEMBERSHIP APPLICATION**

**PLEASE PRINT CLEARLY.** Your name should appear as you wish to have it listed in guild publications.

<b>Name</b>		<b>Birth Mon/Day</b>
<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Cell Phone</b>	<b>Home Phone</b>	<b>Year Joined Guild</b>

<b>E-Mail Address</b> (Notification will be sent via e-mail when the latest newsletter has been posted)
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<b>Please indicate age group</b>	<b>Circle one</b>	<b>Renewal/ Rejoins*</b>
17&under    40-49	New member	<b>Renewing-</b> member during the previous year
18-29        50-64	Student	<b>Rejoining-</b> previously a member, but not during the previous year
30-39        65-75	Renewal/Rejoin*	
75+		

<p><b>DUES INFORMATION</b></p> <p><b>Membership dues currently are \$30.00</b></p> <p><b>Snail Mail users dues currently are \$40.00</b></p> <p>In accordance with Guild Bylaws, the membership year runs from June 1 through May 31.</p> <p><b>DUES ARE TO BE PAID ON OR BEFORE JUNE 1<sup>ST</sup></b></p>
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Make checks payable to **DCQG. DO NOT SEND CASH THROUGH THE U.S. MAIL.**

Return completed form and payment to the membership table at a general meeting or mail to the above address.

**Turn the page over to complete form.**

**For Office Use Only**

**Today's Date**

**Cash    Credit Card/Paypal    Check#**

## ACTIVITIES AND OPPORTUNITIES TO SERVE DCQG

We are an active group with many opportunities to serve the guild based upon your interests. Below are listed some of the many areas where you can volunteer and with your help, the guild can continue to thrive throughout the year. Circle your choices and a board member or committee chair will contact you with information.

<p><b>BOARD POSITIONS-DCQG</b> board members serve 2 year terms. They keep the guild running smoothly both legally and socially. I would like to serve DCQG in the following position:</p>	<p style="text-align: center;">President</p> <p style="text-align: center;">VP 1 Programs</p> <p style="text-align: center;">VP 2 Programs</p>	<p style="text-align: center;">Treasurer</p> <p style="text-align: center;">Ways and Means</p> <p style="text-align: center;">VP Special Events</p>	<p style="text-align: center;">Secretary</p> <p style="text-align: center;">Director at Large</p>
<p><b>STANDING COMMITTEE CHAIRS-Committee chairs serve 1 year terms and are responsible for organizing volunteers and reporting progress to the board.</b> I would like to serve DCQG as the chair/co-chair of the following committee(s):</p>	<p style="text-align: center;">Generosity</p> <p style="text-align: center;">Quilt Show</p>	<p style="text-align: center;">Newsletter</p> <p style="text-align: center;">Nominations</p>	<p style="text-align: center;">Website/Social Media</p> <p style="text-align: center;">Membership</p> <p style="text-align: center;">Public Relations</p>
<p><b>COMMITTEES AND ACTIVITIES-DCQG</b> cannot run smoothly without your help in the following areas. <b>If you would like to volunteer for these positions they are 1 year commitments.</b> I would like to serve DCGQ in the following area(s)</p>	<p>Quilt show Retreat Holiday party Membership table Salad supper Audit Website/Social Media Public relations (mass mailings, press releases etc.) Newsletter Board Nominations/Elections</p>	<p>Workshop Assistant</p> <p>Teaching a Workshop</p> <p>Guest Speaker Assistant (taking them to dinner, helping with set up/take down, holding quilts during lecture etc.)</p>	<p>I can help the guild in these other ways:</p>

**PLEASE READ THE FOLLOWING CAREFULLY, CHECK THE APPROPRIATE BOXES, SIGN, DATE, AND RETURN THIS ENTIRE FORM WITH YOUR MEMBERSHIP PAYMENT.**

I agree to have my image and all creative material photographed and used on any/all DCQG advertising and social media.

I DO NOT agree to have my image and all creative material photographed and used on any/all of DCQG advertising and social media.

I release and waive any claim I may or may not have against DCQG, its' officers, volunteers, committee members or agents arising out of or related to my participation in any activities of DCQG.

Signature \_\_\_\_\_

Date \_\_\_\_\_