

SANTA ROSA QUILTERS GUILD

APPLICATION FOR MEMBERSHIP FORM

New: _____ Renewal: _____

PLEASE PRINT CLEARLY

DATE: _____ NAME _____

ADDRESS: _____
Street City State Zip

TELEPHONE: HOME _____ CELL _____

E-MAIL: _____

Note: The above information is published in our Membership Roster, which is distributed to all members. This Membership Roster is **for guild use only and** is **NOT** to be used for any business purposes whatsoever.

USE OF INFORMATION POLICY---PLEASE READ

Members are advised that participation in Santa Rosa Quilters Guild and its activities may result in the use of their name/picture in Guild publications, i.e., newsletter, meeting minutes, SRQG website, etc.

SANTA ROSA QUILTER GUILD WAIVER OF RESPONSIBILITY

I, for myself, heirs, executors and legal representatives, agree to indemnify and hold harmless Santa Rosa Quilters Guild, their officers, members, agents, teachers and/or directors, from any claim, liability, and/or expenses whatsoever, including legal expenses, that I may suffer related to, or incurred in any way, as a result of my participation in any guild event. **By signing this form, you have read and agree to the above Use of Information Policy and Waiver of Responsibility.**

Signature _____

Dues are \$50

Cash: _____

Check: _____

Make checks payable to: SRQG