

2026 WARREN COUNTY QUILT GUILD Membership Form

****Please Note**** If there is any information that you **do not want shared** with the general WCQG membership **do not** fill it in. **Phone numbers and email addresses are the exception.** Please **circle yes or no to share with membership.** They are necessary to have for communications by the Newsletter Leader or in case of cancellation due to inclement weather.

Forms can be turned in at a meeting or mailed to:

Sandy White
8170 Leeshore Dr.
Maineville, Ohio 45039

Annual dues are \$30.00. Dues for **NEW** Members **only** are prorated to \$15.00 if joining in July through December.

Please make checks payable to: Warren County Quilt Guild Please print clearly Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Share with Membership: yes no Cell Phone: _____ Share with Membership: yes no Email Address: _____ Share with Membership: yes no Birth Month: _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">New <input style="width: 40px;" type="checkbox"/></td><td style="width: 50%;">Renewal <input style="width: 40px;" type="checkbox"/></td></tr></table>	New <input style="width: 40px;" type="checkbox"/>	Renewal <input style="width: 40px;" type="checkbox"/>
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I acknowledge that I will have access to the WCQG Membership List on the website and I will protect the personal information of the Members as documented in the WCQG Policy Procedure, posted on www.warrencountyquiltguild.com. I have identified or left blank those fields that I do not want shared with membership and agree to receive email communications from our Newsletter Leader. I acknowledge that my email address will be shared with the Newsletter Leader even if I have specified not to share it with the Membership.

Signed: _____ Date: _____

Do Not Write Below This Line:

Amount Paid: _____ Initials: _____ Check _____ Check # _____ Cash _____
