



PO Box 70755 Springfield OR 97475

EmeraldValleyQuilters@gmail.com

Membership Application

April 1, 2020 - March 31, 2021

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _(____)_____ Landline Cell Ok to Text

Phone _(____)_____ Landline Cell Ok to Text

Email _____

Birthday Month _____ Day _____ Enrollment Type Renewal New Member

As a member of Emerald Valley Quilters, I agree to meet the Guild expectations of (a) selling a minimum of \$20 in tickets for the annual guild raffle quilt or making a payment of \$20 to meet this requirement; an (b) volunteering a minimum of two (2) hours of service to the Guild* each membership year.

Signature _____ **Date** _____

** Service to the Guild is defined as performing activities related to the Guild's commitment to community service. This may include, but is not limited to, participating in an EVQ committee, assisting at an EVQ event, or making community service quilts and/or teddy bears.*

In addition to my membership dues, I would like to make a donation to the EVQ scholarship fund in the amount of \$_____ to help members needing assistance to pay for membership dues or to participate in Guild-sponsored events such as workshops or retreats.

If needed, I would be willing to assist the EVQ Committees below (check as many as desired!)

- | | | |
|---|--|---|
| <input type="checkbox"/> Birthday Club | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Raffle Ticket Sales (Lane County Fair) |
| <input type="checkbox"/> Block of the Month | <input type="checkbox"/> Parliamentarian | <input type="checkbox"/> Raffle Ticket Sales (OR State Fair) |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Photographer/Historian | <input type="checkbox"/> Raffle Ticket Sales (Other Locations) |
| <input type="checkbox"/> Host/Hostess at Meetings | <input type="checkbox"/> Programs & Workshops | <input type="checkbox"/> EVQ Biennial Retreat |
| <input type="checkbox"/> Intraguild | <input type="checkbox"/> Publicity / Resources | <input type="checkbox"/> Secret Pals |
| <input type="checkbox"/> Library | <input type="checkbox"/> Quilt Show | <input type="checkbox"/> Travel Club |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Raffle Quilt Assembly | <input type="checkbox"/> Webmaster |
| <input type="checkbox"/> Mini Retreats | <input type="checkbox"/> Raffle Ticket Sales Committee | <input type="checkbox"/> Whatever is Needed! Call me! |

~~~ For Membership Committee Use Only ~~~

Received Date \_\_\_\_/\_\_\_\_/2020  Cash  Check # \_\_\_\_\_  Card Total Amt \$\_\_\_\_\_ Initials \_\_\_\_\_

Membership Dues \$ 30 Scholarship \$\_\_\_\_\_ Raffle Tickets \$\_\_\_\_\_ Other \$\_\_\_\_\_ Explain \_\_\_\_\_