



Mayne Island Quilt Guild Membership Registration Form

Name: _____

Address: _____

Postal Code _____ City _____ Province _____

Home Phone # _____ Cell Phone # _____

E-mail address: _____

Birth day & month: _____

Annual Dues: **\$50.00** cheque _____ cash _____

Please indicate your choice by circling a "Y" for "yes" or an "N" for "no"

Y / N I would like to receive the Newsletter and Guild minutes via e-mail
(information and photos)

Photographs make the MIQG Newsletter, our Guild's publication, and our website much more interesting. To publish photos, we require your permission. Please indicate your preferences. Thank you.

Y / N I give permission for photos of me to appear in the Newsletter

Y / N I give permission for photos of my work to appear in the Newsletter

Y / N I give permission for photos of me to appear on the MIQG website / Facebook

Y / N I give permission for photos of my work to appear on MIQG website / Facebook

I consent to publication of my details in the membership register on the understanding that this register will be used solely for Guild business and will only be shared with members, *Pacific Northwest Quilters Assoc. or Canadian Association of Quilters if MIQG is a member*, and is for membership purposes.

Signature: _____

Date: _____