

# Quilters of Color Network of New York, Inc. Membership Application September 2010 - August 2011

Submit to the membership desk at the meeting or Mail to QCNNY:

QCNNY  
P O BOX 886  
NEW YORK, NY 10116

Annual dues for Membership are \$30 per year if paid in full by our June 2010 meeting, and \$35 per year if paid after the June 2010 meeting. Members joining **on or after the March 2011 meeting will pay a pro-rated fee of \$15**. Membership includes participation in monthly meetings and Guild activities, a monthly newsletter, an opportunity to serve on committees, stand for elected office, priority on bus trips, and a discount on advertising. Each member is **required** to make one quilt per membership year to be donated to charity. Associate membership is open to residents outside the tri-state area for \$17 per year. Associate members may attend two meetings at no charge, are entitled to the email version of the newsletter; they are not eligible for other member benefits.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_

(W) \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BIRTHDAY (MM/DD): \_\_\_\_\_

I will retrieve the Newsletter online, and other announcements will be sent to me via email.

\_\_\_\_\_(Initials)

*Note: By requesting the website member password, you will receive the email and announcements online, and will not receive a copy by mail. Online users may receive announcements and offers, which may not be available to non-online members.*

I do hereby give permission for **Quilters of Color Network of New York, Inc** to post images of my work on the website:<http://qcnnny.org/>

\_\_\_\_\_ Name (Signature)

I do hereby give permission for **Quilters of Color Network of New York, Inc** to use images of my work for the Guild Calendar.

\_\_\_\_\_ Name (Signature)

So we may enhance our programs to suit your interests, and to learn more of our members' talents, please take a moment to complete.

## Quilting Experience

Year you joined QCNNY: \_\_\_\_\_

Beginner     Experienced Beginner     Intermediate     Experienced

I am willing to serve as a mentor to a beginner quilter:     Yes     No

What focus Group would you like to lead?  
\_\_\_\_\_

During the next year I will contribute to the Guild by:

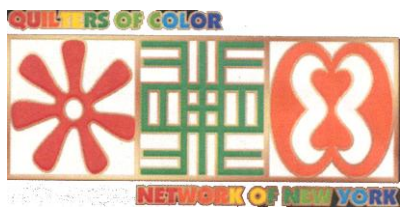
- Donating a quilt: Charity                       Writing for Newsletter
- Hospitality     Website     Membership     Quilt Show     Scrap Table
- Teaching a Focus/Demo Group               Contributing to Block of the Month

Other participation activities: \_\_\_\_\_

The skill I would like to improve is \_\_\_\_\_

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## Artist's Statement



\_\_\_\_\_ C                      \_\_\_\_\_ N                      \_\_\_\_\_ R                      1                      2                      3                      Check # \_\_\_\_\_                      ML \_\_\_\_\_