

Hill 'N Hollow Quilters Guild Membership Form

Please print all information clearly. Thank you.

Name _____ Phone Number _____

Address _____ City/State/Zip _____

E-Mail Address _____

(By giving us your e-mail address, you agree to receive the newsletter by e-mail notification and have your address on the roster.)

New Member Renewal Year Joined _____ Birth Month _____

Hill 'N Hollow Quilters Guild depends on the guild members to volunteer to make the Guild run smoothly and to get to know other members. Please check at least three positions/committees you would like to help with:

OFFICERS

President President-Elect Vice President Secretary Treasurer

COMMITTEES

| | | | |
|----------------------|------------------|-------------------------|----------------------|
| AUDIT | | COMMUNITY QUILTS | |
| | | | Record Keeping |
| COMMUNICATION | EDUCATION | | Venues |
| Newsletter | Programs | | Production |
| Publicity | Workshop | | |
| Photography | In House Classes | HOSPITALITY | |
| Sunshine and Shadow | Library | Greet/Sign-in | QUILT SHOW |
| Website | Retreat | Door Prize | |
| Email | Bus Trips | Refreshment | SHOW AND TELL |
| Audio-Visual | Guild Challenge | | |

PLEASE Write YES or NO below:

_____ **PRINT MEDIA:** I give permission to Hill 'N Hollow Quilters Guild to use photos or other images of me, along with my name, to be printed in local newspapers or other print media including, but not limited to, The Baxter Bulletin.

_____ **SOCIAL MEDIA:** I give permission to Hill 'N Hollow Quilters Guild to use photos or other images of me, along with my name, to be posted on social media sites including, but not limited to, Facebook.

_____ I understand I may revoke my permission choices above, at any time by communicating my revocation in writing to Hill 'N Hollow Quilters Guild.

Signature _____ Date _____

The annual membership fee is \$25.00.

Please make check payable to: Hill 'N Hollow Quilters Guild Mail to: P.O. Box 1005, Mountain Home, AR. 72654

.....**Below for office use only**.....

Payment Received: Date _____ Amount _____

Check # _____ If Cash, was receipt given? _____