KANATA QUILT GUILD 2019 - 2020 MEMBERSHIP FORM

Last Name:	First Name:
Please Note: If you are <u>renewing</u> your Membership, it is not necessary to fill in your contact information <u>unless</u> there are changes from 2018-2019. All <u>new</u> members need to provide this information.	
Address:	· · · · · · · · · · · · · · · · · · ·
City:	Prov: Postal Code:
Contact Phone:	Contact Email:
Payment: Check one or more of the following choices and please pay by cheque payable to: Kanata Quilt Guild and post dated to July 15, 2019. If you are joining after July 15, 2019, please use the current date for your cheque.	
□ Membership Fee - \$35.00 □ Optional: KQG Name Tag - \$7.00 TOTAL \$	
For Office Use Only: Membershíp #	Fee received by: □ Cash □ Cheque
PRIVACY POLICY: The personal information collected is for the use of the Guild only. The Kanata Quilt Guild (KQG) will not sell, rent, lend, give, or otherwise provide this information to any external persons or organizations for any purpose whatsoever without prior consent nor will the information be used for solicitation purposes not associated with Guild business. A Membership Directory will be distributed to all KQG members in October 2019. The Directory will include your name, address, phone and e-mail address. Please read the following statements and indicate your preference.	
I have read the Kanata Quilt Guild's Privacy F	Policy. Yes No
I wish to be included in the Membership Dire	ectory. \square Yes \square No
I consent to receiving email information from	in the KQG. \Box Yes \Box No
I consent to my picture/quilts being shown or	n the KQG website. \Box Yes \Box No
Signature:	Date:

Thank you for making the Kanata Quilt Guild a friendly and inspiring community of quilters.

Please bring this to a KQG meeting or mail to: KQG Membership, 140 Culloden Crescent, Ottawa, ON K2J 5Z9. Please include a stamped, self-addressed envelope if you would like to have your

Membership Card mailed to you.