

Walla Walla Valley Quilt Guild Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ 2nd Phone: _____

E-Mail: _____ Birth Month: _____ Day: _____

Membership Consents

I give my consent to have photos of me used in Guild publications and advertising (not on the web)

Yes _____ No _____ Date _____

I give my consent to have photos of my quilt projects used in Guild publications or on the web.

Yes _____ No _____ Date _____

I have been informed and I agree to bring to the attention of the Executive Committee any real or perceived conflicts of interest that may arise during my affiliation with this Guild. Such conflicts are, but are not limited to, personal affiliations, professional affiliations, business dealings, dealings with other boards, and so forth.

Signed _____ Date _____

Membership Payment Tracking

Payment Date	Guild Year	Payment Method

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