

## 2019 Membership Application and Release Form

In consideration of membership in the Queen City Sampler Guild, I hereby voluntarily assume all risks of accident or damage to my person or property and hereby release and discharge the Queen City Sampler Guild from every claim, liability, or demand of any kind sustained relating to activities of the Guild.

**Please note any changes by checking the box to the right of the changed information.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Membership Dues: \$30 per year

Name (please print): \_\_\_\_\_  Changed

Street Address: \_\_\_\_\_  Changed

City, State, and Zip: \_\_\_\_\_  Changed

Birthday month and date (no year): \_\_\_\_\_

Phone Number(s), including Area Code (please put a check in the box next to the one that you prefer the Guild to use):

Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Changed

E-Mail Address (for sending newsletters and other Guild-related messages):

\_\_\_\_\_  Changed

Please put me on these Stitch-In e-mail lists:  Daytime  Nighttime

Interest Survey – How can you help your Guild?

Chair a Stitch-in Group  Work on a holiday party

Write an occasional article or book review  Lead a workshop or provide a program

Serve as an officer or chairperson of a committee

Other: \_\_\_\_\_

Send this completed form and your check made payable to QCSG to:

Queen City Sampler Guild  
P.O. Box 43594  
Cincinnati, OH 45243-0594