

2020 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