ORCHARD VALLEY QUILTERS GUILD

MEMBERSHIP APPLICATION

(Membership year October 1 to September 30)

Please print clearly **First Joined** _____ **NEW**

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____
(By providing an email address, you agree to receive email from the OVQG)

Birthday: _____/_____
(month) (day)

The Orchard Valley Quilters Guild complies with the BC Personal Information Privacy Act (PIPA). The PIPA document is available at all meetings, and our personal information policy is provided to all members in the Members Handbook.

A. _____ I GIVE MY CONSENT _____ I DO NOT GIVE MY CONSENT
to the use of my personal information in the guild newsletter and Membership Directory, both of which are distributed to the guild membership.

B. _____ I GIVE MY CONSENT _____ I DO NOT GIVE MY CONSENT
to the use of my name and / or photos of myself or my work on any internet site of the OVQG.

Signature _____ Date: _____

Membership Use Only….

Year	*Dues Paid $*	*Date Renewed*	*Receipt #*	*Card given*	*Consent A*	*Consent B*