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: _____ Birthday: _____/_____

(By providing an email address, you agree to receive email from the OVQG.) *(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/my work on any internet site of the OVQG.

Signature _____ *Date* _____

Membership Use Only

Year	Dues Paid	Date Renewed	Receipt #	Card	Consent A	Consent B
2015-2016	$60					