



2027 MEMBERSHIP APPLICATION/RENEWAL

MRQG
1731 Pheasant Court
Philomath, OR 97370

marysriverquiltguild.org

NAME _____

ADDRESS _____

CITY/ZIP _____

PHONE _____ EMAIL _____

TYPE OF MEMBERSHIP (check one): _____ Regular \$35 _____ Distinguished 80 yo+ Free

PERMISSIONS (please initial):

_____ I give my permission to have my picture included in any Guild photos on the website, blog, or other publicity materials.

_____ I give permission for my contact information to be shared with other Guild members.

I AM INTERESTED IN SERVING ON THE FOLLOWING COMMITTEES (check one or more):

_____ Block of the Month _____ Challenge _____ Newsletter _____ Service

PAYMENT:

Dues \$ _____

Donation \$ _____

Total \$ _____

← Please accept my tax deductible donation to the Marys River Quilt Guild. I understand that this donation will be used as needed for events, programs, scholarships, and/or service quilts.

Received \$ _____