

## 2009-2010 MQSC Membership

**Membership is MQSC** is open to all who share an interest in quilting. Members enjoy meetings and special events, receive a monthly newsletter and member binder, have use of a library of quilting books, videos, DVD's and patterns, and receive discounts from some of our affiliates. All that we ask in return is: wear your nametag to meetings, bring items for show and tell, bring a refreshment at least once a year, sell and/or buy \$25 worth of Opportunity Quilt tickets, donate at least one simple community quilt, donate time and items to various programs and make new friends.

**Newsletter** - The newsletter is posted on our website: [www.mqsc.org](http://www.mqsc.org) A notification will be sent via e-mail to all members who are listed for e-mail receipt. Some printed copies will be available at the monthly business meeting. If you prefer a printed newsletter, check the box shown below labeled "Prefer printed newsletter".

**Meetings** are held the first and third Wednesday of each month (except one meeting each in July and August) at the Veterans Memorial Building, 1351 Maple Avenue, Santa Rosa.

**Dues** are \$30 annually, \$15 for those younger than 16 years who are accompanied by an adult member. The membership year is September 1 through August 31<sup>st</sup>. Dues may be submitted at a meeting or sent to:

Moonlight Quilters of Sonoma County  
Attn: MQSC Membership  
P.O. Box 6882  
Santa Rosa, CA 95406

- New Member**       **Renewing Member** (note your name and any changes)
- Returning Member after a break in membership** (What was the last year you were a participating member? \_\_\_\_\_)
- Prefer printed newsletter** (Please pick up your copy at the first meeting of the month, otherwise it will be mailed afterwards.)
- Prefer newsletter via the Web in living color** (helps the guild cut expenses!)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State and Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Birthday (month and day only)** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Please list names and relationship of any family who are also members:**

To be completed by Membership Chairperson(s)

Date Paid:	
Check# / Cash	Check #                      Cash:
Amount Paid	\$
Membership card issued	Date:
New Member Binder given:	Date: