

What is an Individual Member?

A Member Guild ...

... is anyone with a similar interest in quilting and that agree with the purpose of our organization.

Our Purpose

QCNYS, Inc., a non-profit organization, was formed in 1986 for the following purpose:

- 1) To foster and promote knowledge and participation in all forms and aspects of quilt making.
- 2) To act as an information network for quilt guilds with similar objectives in promoting interest in quilt making.
- 3) To readily inform quilt guilds and individual members of resources available to them.
- 4) To foster education through the cooperative sharing of speakers, teachers and programs.

Why should I join?

- ✓ To spend time with quilters across New York State.
- ✓ To get learn about and attend quilting events across the state.

What are my obligations if I join?

- ✓ Participate and promote QCNYS, Inc. sponsored events.
- ✓ Get involved; attend delegate meetings and help to plan QCNYS events.
- ✓ Consider holding an office or chair a committee.

What does QCNYS provide in return?

- ✓ Include you on the mailing list for all QCNYS publications.
- ✓ Invite you to all quarterly meetings of the organization.
- ✓ Provide you with discounted rates for all QCNYS sponsored events.

If you have any questions please feel free to contact the Membership Chairman or the President listed on our web site, [www. CNYS.org](http://www.CNYS.org)

Quilters Consortium of New York State, Inc.
Application for New Individual Membership

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____		
Email Address: _____		

MEMBERSHIP DUES

Annual Membership is from January to December.

Dues for new members shall be prorated based on the month joining.

Please select the month the application is being submitted and pay the dues indicated.

January-February- March -April	\$16.00	_____
May-June-July	\$12.00	_____
August-September-October	\$ 8.00	_____
November-December	\$16.00*	_____

* Note, this payment will cover your dues for the entire next year. (You get two months for free.)

Check or money order must accompany this application. Make checks shall be made payable to **QCNYS, Inc.** Dues and fees are payable in advance and are not refundable.

Send application and dues to:

Linda Storrings, QCNYS Membership Chair
291 Kline Road Pennellville, NY 13132-3181

By my signature below, I agree to the terms of membership and obligations as stated on the reverse side of this application.

Signed _____ Date _____

In order to find out a little about you, we would like you to answer the following questions....

Do you belong to a guild in your area? Yes No If yes, which guild? _____

How did you find out about QCNYS, Inc.?

Our website A fellow quilter A Quilt Shop
Other _____