

Northern Lights Quilt Guild

September _____ through August _____

Please fill out all areas and sign the photo release.

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Off-season information. From: _____ to: _____

Address: _____ Phone: _____

Membership Category: *Check one box.*

Member (\$20.00) Senior (65 and over) (\$16.00) Junior (19 and under) (\$16.00) Add. Member in Household (\$16.00) *Membership cards are available upon request.*

Current Profession:

Online Mailing Lists: *Check all that apply.*

- Email the monthly News Letter & NLQG mail Email Address: _____
- Mail the monthly News Letter

Enrollment Instructions: Memberships must be renewed by October 15th in accordance with NLQG By-Laws.

Please drop off this form and dues in an envelope at the membership table or mail to:

Mary Jane Palmer
247 Roberts Park
Huntington, VT 05462

Privacy Policy *Check all that apply.*

The NLQG occasionally shares its mailing list with other quilting groups, and may participate in programs that benefit the guild in exchange for the use of our mailing list. Please make sure your preference is correctly indicated below. Thank you.

- You may release my name and address only to local groups or ships for one-time use.
- Do not share my name and address with any organizations.
- You may share my name and address with any quilt related organization.

RELEASE FOR USE OF PHOTOGRAPHS BY NLQG *Check one box and sign.*

I understand that the Northern Lights Quilt Guild may take photographs of my quilts at its monthly guild meetings during show and tell or at bi-annual quilt festivals. This permission for release, without compensation or prior notice, would allow NLQG to use photographs on its website for the sole purpose of sharing talents.

I HEREBY FREELY AND VOLUNTARILY CONSENT to the use and publication of my name, participation and picture for exhibition to use any time from this date forward until I revoke this consent in writing. I further waive any claims against NLQG, its officers and/or agents based upon or related to its use of publication.

I DO NOT GIVE MY PERMISSION TO USE PHOTOGRAPHS OF MY QUILTS AT ANY TIME.

Signature: _____ (Parent/Guardian if under 18)

Printed Name: _____ Date: _____