

NBQA MEMBERSHIP APPLICATION - September 1, 2025 - August 31, 2026



ALL MEMBERS:

- Receive a membership list & membership card which may entitle the member to discounts at local quilt shops.
- Receive five bimonthly newsletters via email & summer edition. * May submit quilts to the biannual quilt show.
- Access to Members only NBQA Facebook page. * Participation in Fabric Challenges and Mystery Quilts.

FULL MEMBERS – GUILD LIMIT 250 FULL MEMBERS	ASSOCIATE MEMBERS
<ul style="list-style-type: none"> • May attend all meetings. 	<ul style="list-style-type: none"> • May attend 2 meetings per year.
<ul style="list-style-type: none"> • May enroll in all workshops and trips. 	<ul style="list-style-type: none"> • May be wait listed for unfilled workshops and trips.
<ul style="list-style-type: none"> • New full members will receive a name pin to wear to meetings. 	<ul style="list-style-type: none"> • Will be given a priority position on the waiting list for full membership.

Membership dues are not prorated for a partial year.

Bring this completed form with cash/check to a meeting or mail this completed form with a check made out to NBQA.

(DO NOT MAIL CASH) to: **Pat Hendrickson, 13 Greenwich West Dr., West Greenwich, RI 02817**

- I AM A CURRENT MEMBER RENEWING MY MEMBERSHIP (Payment due by July 1, 2025)
 Full membership \$35.00 (check enclosed if mailed) Associate Membership \$15.00 (check enclosed if mailed)
 I AM A NEW MEMBER
 Full membership \$35.00 (check enclosed if mailed) Associate Membership \$15.00 (check enclosed if mailed)
 MAIL MY MEMBERSHIP LIST TO MY HOME ADDRESS (include an additional \$3.00 for postage).

PLEASE PRINT CLEARLY – ESPECIALLY THE EMAIL ADDRESS AND EMERGENCY CONTACT INFORMATION

MEMBER NAME _____ DATE _____

ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

EMERGENCY CONTACT

NAME _____ PHONE _____

RELATIONSHIP TO YOU _____

What type of programs or speakers would you be interested in? _____

MEMBERS: Would you like to help by helping on a committee?

Please check your choice(s) and the appropriate committee chairperson will contact you.

- Hospitality Door Prizes NE Quilt Museum Block of the Month Programs Comfort Quilts
 Membership Publicity Quilts of Valor Newsletter Quilt Show Educational Historian
 Other: _____

To be completed by NBQA.

Amount Rec'd _____ Check# _____ Member list mailed _____ (\$3.00 fee)

PHOTO/VIDEO RELEASE FORM: I hereby give permission for images of me and my quilts, captured during NBQA events through video, photo and digital camera, to be used solely for the purposes of the NBQA promotional material and publications, and waive any rights of compensation or ownership thereto.

Signature: _____ Date: _____