



Print Out Form

SUNSHINE STATE QUILTERS ASSOCIATION, INC.  
YEAR 2008 INDIVIDUAL MEMBERSHIP

WELCOME! WE ARE PLEASED THAT YOU HAVE DECIDED TO BECOME A MEMBER OF THE SUNSHINE STATE QUILTERS ASSOCIATION. IT IS IMPORTANT THAT YOU FILL IN EACH BLANK ON THIS FORM AS ALL INFORMATION IS ENTERED IN OUR RECORDS EACH YEAR AND WILL BE INCLUDED IN THE SSQA MEMBERSHIP DIRECTORY. AFTER COMPLETING THIS FORM IN ITS ENTIRETY, PLEASE SEND IT ALONG WITH THE REQUIRED MEMBERSHIP FEE TO: Debbie LaFrance, 1815 Ernest Street, Kissimmee, FL 34741  
Artistgrly@aol.com

<b>NEW MEMBERSHIP</b>		<b>MAKE ALL CHECKS PAYABLE TO "SSQA, INC."</b>					
INDIVIDUAL MEMBER	NON-CHARTER	<b>\$25.00</b> January 1-December 31 ... <b>\$12.50</b> for half year --- July 1-December 31 (first time member only). Includes admittance to SSQA meetings at member rate; a directory that includes lists of member shops, guilds, judges, teachers and appraisers; a newsletter subscription that includes show and workshop schedules; a copy of the By-Laws & Policies; and one free 75 word classified ad in the newsletter each year.					
<b>RENEWAL MEMBERSHIP</b>		<b>MAKE ALL CHECKS PAYABLE TO "SSQA, INC."</b>					
INDIVIDUAL MEMBER	CHARTER (Original SSQA Member Since 1996)	<b>\$18.00</b> If postmarked on or before January 31. <b>\$25.00</b> After January 31 - <b>No Exceptions</b> . Includes admittance to SSQA meetings at member rate; a directory that includes lists of member shops, guilds, judges, teachers and appraisers; a newsletter subscription that includes show and workshop schedules; a copy of the By-Laws & Policies; and one free 75 word classified ad in the newsletter each year.					
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NAME:				BIRTH DATE (NO YEAR):			
ADDRESS:							
CITY:			STATE:		9-DIGIT ZIP CODE:		COUNTY:
HOME PHONE:							
FAX:				E-MAIL (PLEASE PRINT EXACTLY AS IT MUST BE ENTERED):			
If you have an alternate address for part of the year, please show the address, telephone number and approximate dates you are there (this information will be shown in the directory but all mail will be sent to your main address):							
GUILD AFFILIATIONS:							
DO YOU WISH TO BE AN AREA REPRESENTATIVE? (A contact person and information coordinator between your local area members and SSQA.) Yes ____ No ____							
CHECK ALL THAT APPLY. I AM A: JUDGE ____ APPRAISER ____ TEACHER ____							
IF YOU ARE A JUDGE OR APPRAISER, PLEASE LIST YOUR CERTIFICATIONS							
IF YOU ARE A TEACHER, PLEASE PROVIDE A LIST OF COURSES YOU TEACH ON THE BACK OF THIS FORM (ATTACH A SEPARATE RESUME, IF NECESSARY) (See back of form ____)							
<b>FOR SSQA USE ONLY</b>	Date App Rec'd	Amt Paid	Check No.	Web Site Notified	Info Entered in Database	Member Packet Mailed	Newsletter Notified