



Print Out Form

SUNSHINE STATE QUILTERS ASSOCIATION, INC.
 YEAR 2008 MERCHANTS AND GUILDS
 NEW/RENEWAL MEMBERSHIPS

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

—	TYPE	CHARTER NON-CHARTER	NEW OR RENEWAL MEMBERSHIP FEES Please make all checks payable to "SSQA, INC."
—	GUILD	CHARTER (Original SSQA Member Since 1996	\$15.00 if postmarked on or before January 31. \$22.00 after January 31 - No exceptions. includes a newsletter, space in the "Show Time" calendar in the newsletter and free space at SSQA meetings to display donation quilts and sell raffle tickets.
—	GUILD	NON-CHARTER (New or Joined after 1997)	\$22.00 includes a newsletter, space in the "Show Time" calendar in the newsletter and free space at SSQA meetings to display donation quilts and sell raffle tickets.
—	MERCHANT	CHARTER (Original SSQA Member Since 1996	\$15.00 if postmarked on or before January 31. \$22.00 after January 31 - No exceptions. includes a newsletter subscription, discounts for ad space in the newsletter and free space at SSQA meetings (per the local host's ability to secure such space).
—	MERCHANT	NON-CHARTER (New or Joined after 1997)	\$22.00 includes a newsletter subscription, discounts for ad space in the newsletter and free space at SSQA meetings (per the local host's ability to secure such space).

GUILDS

GUILD NAME .			
MAILING ADDRESS .			
CITY .	STATE	9-DIGIT ZIP CODE	COUNTY
CONTACT NAME .		TELEPHONE	
FAX:		E-MAIL (PLEASE PRINT EXACTLY AS IT MUST BE ENTERED) .	
MEETING LOCATION ADDRESS .			
CITY .		STATE	
MEETING DATES		MEETING TIMES .	

MERCHANTS

MERCHANT NAME .			
LOCATION ADDRESS .			
CITY .	STATE	9-DIGIT ZIP CODE	COUNTY
CONTACT NAME .		TELEPHONE	
FAX		E-MAIL (PLEASE PRINT EXACTLY AS IT MUST BE ENTERED) .	
DAYS OF OPERATION .		HOURS OF OPERATION	
MAILING ADDRESS (IF DIFFERENT THAN LOCATION ADDRESS) .			
CITY .		STATE	9-DIGIT ZIP CODE
FOR SSQA USE ONLY	Date App Rec'd	Amt Paid	Check No.
			Web Site Notified _____
			Info Entered in Database ____
		Member Packet Mailed ____	Newsletter Notified ____