



Quilt Club

# Sun City Summerlin Quilt Club

MEMBERSHIP FORM  
(NEW / RENEWAL)  
[Please circle]

(PLEASE PRINT)

Year \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Sun City Summerlin Member Number (Required): \_\_\_\_\_

If prior member, year you originally joined the Quilt Club: \_\_\_\_\_

Annual Dues: \$20

\*After June 30 (for new members): \$10

\*Pay by cash or check (SCS Quilt Club).

RELEASES:

**Personal Information**

Please indicate your personal information sharing preference:

- Yes, my personal contact information (address, telephone, and email) may be shared with other Quilt Club members, as appropriate.
- No, do not share my personal contact information (address, telephone, or email) with other Quilt Club members.

**Personal Image**

Please indicate your preference of the use of your personal image and/or voice:

- I give Sun City Summerlin Quilt Club and Sun City Summerlin Community Association, Inc (SCSCAI) consent to photograph, videotape and record my image and/or voice to be used in the following ways: SCSCAI Websites; Quilt Chartered Club Website; SCSCAI LINK Magazine; Quilt Chartered Club Newsletter; SCSCAI Bulletin Boards; Quilt Chartered Club Bulletin Boards; SCSCAI Electronic Bulletin Boards; SCSCAI Public Televisions. I understand that no special compensation will be provided to me for the use of my image and that I may not be informed in advance of the specific use of my image.
- I do NOT consent any use of my image and/or voice by Sun City Summerlin Quilt Club or Sun City Summerlin Community Association, Inc (SCSCAI).

MONITORING:

Members of the Quilt Club are required to complete six (6) Monitoring sessions annually (January 1 – November 30); three (3) for new membership after June 30.

Waivers are available with approval of the Board.

- I request a waiver for the following reason: \_\_\_\_\_

EMERGENCY INFORMATION:

- I have completed the attached Emergency Contact/Medical Information Sheet. I understand this information is to be used ONLY in the case of emergency and notification of next of kin.
- I DECLINE to provide to completed the Emergency Contact/Medical Information Sheet, and further understand it may delay care and/or notification of next of kin.

DISCLAIMER: Sun City Summerlin Quilt Club assumes no responsibility for any consequences resulting from your use of the equipment or supplies in the Quilt Room, for any information provided at any activities or services sponsored by the Sun City Quilt Club and the use of the same. This constitutes your agreement to hold Sun City Quilt Club harmless.

Your signature below indicates you understand and agree to the indicated Releases, Monitoring and Disclaimer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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FOR OFFICIAL USE ONLY

**Date Notification/Action Completed**

- \_\_\_\_\_ President
- \_\_\_\_\_ Treasurer
- \_\_\_\_\_ Club Orientation
- \_\_\_\_\_ Machine Orientation
- \_\_\_\_\_ Emergency Contact Binder

**Date Notification/Action Completed**

- \_\_\_\_\_ Official Roster (For Board Only)
- \_\_\_\_\_ Social Roster
- \_\_\_\_\_ Communications
- \_\_\_\_\_ Monitoring Waiver