

# Bridge City NeedleArts Guild Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I wish to receive my copy of the BCNG newsletter Forever Stitching 4 times a year by (please check one):

- E-mail
- Paper copy

Annual Membership fee: \$60.00 (\$40.00 EAC membership + \$20.00 BCNG membership)

Dual Membership fee: \$20.00

Paid by (please check one):

- Cheque (Please make payable to Bridge City NeedleArts Guild)
- Cash

Amount enclosed: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please bring the completed form to the next meeting

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Which of the following types of needlework would you be interested in learning?

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Assisi      | <input type="checkbox"/> Crewel        | <input type="checkbox"/> Landscape - fabric | <input type="checkbox"/> Pulled thread |
| <input type="checkbox"/> Bargello    | <input type="checkbox"/> Colour theory | <input type="checkbox"/> Metal thread       | <input type="checkbox"/> Schwalm       |
| <input type="checkbox"/> Blackwork   | <input type="checkbox"/> Cross stitch  | <input type="checkbox"/> Needlepoint        | <input type="checkbox"/> Silk Ribbon   |
| <input type="checkbox"/> Brazilian   | <input type="checkbox"/> Drawn thread  | <input type="checkbox"/> Needle tatting     | <input type="checkbox"/> Stumpwork     |
| <input type="checkbox"/> Canvas work | <input type="checkbox"/> Hardanger     | <input type="checkbox"/> Petit point        | <input type="checkbox"/> White work    |
| <input type="checkbox"/> Other:      | _____                                  |   |  |

# Bridge City NeedleArts Guild

## Privacy Waiver

1. I authorize the Bridge City NeedleArts Guild (BCNG) to collect and retain the following information (Please complete only the information you wish to authorize the BCNG to have):

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. I authorize the BCNG to use this information for the sole purpose of the operation of the Guild and Guild activities, and to comply with the requirements of chapter membership in the Embroiderers' Association of Canada.
3. I further authorize the BCNG to include this personal information in a membership list that will be available to other members of the BCNG.
4. I hereby undertake never to disclose any personal information relating to another member of the BCNG. I understand that disclosure of any such information without specific consent of the member(s) concerned shall be grounds for sanction by the BCNG.
5. I understand this waiver shall remain in effect as long as I am a member of the BCNG.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_