

2024

Kansas Longarm Quilters Membership Application & Renewal Form

Date: _____

New Renewal

Please include this form with annual dues of \$30.00 per person. *Partial annual dues of \$15 July 1 through Dec. 31.*

Paid by: Cash Check #

PLEASE TYPE OR PRINT LEGIBLY: Please list information below for the directory.

Name:		Business Name:	
Address:			
City:		State:	Zip + 4:
Phone: H	C	W	
Email:		Birthday: (mo/day/year[opt])	

Your Machine Type: _____

Quilting for how many years: _____

AREAS IN WHICH YOU ARE INTERESTED IN CHAIRING OR ASSISTING: (Please Circle)

President	VP/Programs	Secretary	Treasurer	Newsletter
Membership	Communications	Hospitality	Webmaster	Member-at- Large

PLEASE COMPLETE THE PHOTO WEBSITE RELEASE FORM NEXT PAGE

Photograph & Website Release Form

I hereby authorize Kansas Longarm Quilters, hereafter referred to as "KLQ," to publish photographs taken of me and/or my quilt at any KLQ meeting, for use in the KLQ online materials, as well as other KLQ publications. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. By signing this release I understand this permission signifies that photographs of me and/or my quilt may be electronically displayed via the Internet.

I hereby release and hold harmless KLQ from any reasonable expectation of privacy or confidentiality associated with the images specified above. I will also inform the photographer if I do not wish to have a photo taken of myself or my quilt at each meeting. By not saying anything you thereby release the photo for publication or use as stated in this release.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in KLQ marketing materials or other KLQ publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Authorization

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Thank you for filling out this information and Welcome to KLQ!

Mail to: *Jane Vineyard*
550 S Wetmore Ct
Wichita, KS 67209
Or bring to your next meeting