

SOUTHERN CALIFORNIA ASSOCIATION OF SHOP OWNERS

Application for Membership

Southern California Association of Quilt Shop Owners referred to in this document as SCAQSO or the Association, invites you, _____, Owner of

_____ quilt shop to apply for membership in the Association.

If you are interested in being considered for membership, please complete this application by answering all of the questions below. Completion of this application does not guarantee applicant's admission into the Association. Before applicant is granted membership, certain criteria must be met. Members of the Membership Committee may visit applicant's store to establish that the applying shop meets the Association's criteria.

Name of Shop _____

Name of Shop Owner _____

Address of Shop _____

City _____ County _____ Zip Code: _____

Phone Number Daytime _____ Evening _____

Emergency Contact _____ Phone _____

Store manager (Name) _____

Square Footage of Shop _____

Date Store Opened for Business (new owner) _____

How much of your store would you say is dedicated to: (Please list at a percentage, with the total equaling 100%)

Fabric _____

Books _____

Patterns _____

Notions _____

Sewing machines _____

Sewing Cabinets _____

Sewing Machine Accessories _____

Long Arm Quilting _____

Gift Items _____

Total (Must equal 100%) _____

State briefly which fabric companies are represented in your shop: _____

Do you carry fashion fabrics? Yes _____ No _____ If you answered Yes, what types of fashion fabrics do you carry?: _____

How would you describe the feel, or personality of your shop? (Primitive, Contemporary, Traditional etc)

What made you decide to open a store? _____

How does participation in future Quilters' RUNs influence your application? _____

How do you feel you would benefit our Association? _____

How do you feel our Association will be of benefit to you and your shop? _____

Use additional paper if you need more room to answer any of the above questions.

I, _____, Shop Owner of _____, quilt shop, understand that by signing this application for Membership I have answered all questions contained therein honestly and to the best of my knowledge and belief. I also understand that completion of this application does not guarantee acceptance of my store to the Association. I agree to allow representatives of the Membership Committee to visit my store to verify that my answers are true and correct. I also understand that false statements made by me in this Application for Membership will render my store ineligible for membership.

Dated this _____ day of _____ 20____

Store Name _____

By _____ Email Address _____

Store Owner

The undersigned have established that the above store does _____ does not _____ meet all of the necessary criteria for membership in SCAQSO.

Signed this _____ day of _____ 20____

Signature

Print Name