



**2026 MEMBERSHIP APPLICATION**

**Please complete the information below and return with your check for \$25.00**

***Make check payable to SCLH Needle Arts***

*Please do NOT send cash*

*Send your application and check to the Membership Chair:*

Beverly Jones  
320 Shepherds Ct.  
Lincoln, CA 95648  
209-352-5032  
[bevjonesna2026@gmail.com](mailto:bevjonesna2026@gmail.com)

**PLEASE PRINT**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

*An email is required if you want to receive the monthly Needle Arts Newsletter*

***I DO NOT want my information included in the member roster:*** \_\_\_\_\_

\_\_\_\_\_ I am a returning member

\_\_\_\_\_ I am a new member

- Would you consider serving on a committee or as an officer?    YES    MAYBE
- Would you consider being a back up to a committee chair?    YES    MAYBE