

# Quilters Unlimited of Tallahassee Membership Application

**Please Print:**

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

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

City

State

Zip

Phone

Home:

Cell:

Phone

Work:

Email

address:

Birthday (Month /Day Only!): \_\_\_\_\_

Annual Membership Dues: \$20

Make your check payable to Quilters Unlimited.

Print this application and bring to the next guild meeting or mail to the Guild along with your dues payment.

Quilters Unlimited  
Vice-President of Membership  
P.O. Box 4324  
Tallahassee, FL 32315