

Payment type: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
NM Packet: \_\_\_\_\_  
NM Card: \_\_\_\_\_

**Quilters Unlimited of Tallahassee  
Membership Application**

Please Print:  
NAME:

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ADDRESS:

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CITY, STATE, ZIP:

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HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS \*: \_\_\_\_\_

BIRTHDAY (Month/Day only): \_\_\_\_\_ / \_\_\_\_\_

**HAND DELIVER THIS FORM TO THE MEMBERSHIP CHAIRPERSON, OR MAIL TO:**

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

DUES ARE \$30 ANNUALLY

\* I give my permission to

\_\_\_\_\_ Have my email address added to the Guild's "WebBlast" system for sending out messages to Guild members.

\_\_\_\_\_ Have my email address included in the Guild's Directory. Per the Guild Policies and Procedures, "The directory is for use by members only and shall not be distributed to non-members nor names sold or used for commercial purposes."