

<p style="text-align: center;">Membership Chair Only:</p> <p>Payment type: _____</p> <p style="padding-left: 40px;">Date: ____/____/____</p> <p>NM Packet: _____</p> <p>NM Card: _____</p>
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**Quilters Unlimited of Tallahassee
Membership Application**

Please Print:
NAME:

ADDRESS:

CITY, STATE, ZIP:

HOME PHONE: _____ CELL PHONE: _____

(Optional) 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; HOWEVER, DUES FOR THE PARTIAL YEAR FROM JULY 1st THROUGH DECEMBER 31st ARE \$15

* 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."