Membersh	ip Cha	ir Only:
Payment type:		
Date:	/	/
NM Packet:		
NM Card:		

## Quilters Unlimited of Tallahassee Membership Application

Please Print: NAME:
ADDRESS:
CITY, STATE, ZIP:
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 12181 Tallahassee, FL 32317
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."