

Membership Chair 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*: _____

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

Quilters Unlimited
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
IF YOU NEED THE MEMBERSHIP DIRECTORY MAILED TO YOU, PLEASE ADD \$3.

* 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."