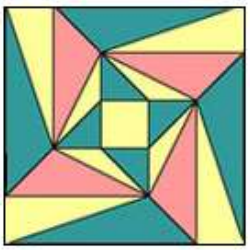

Membership Use Only:
Payment Type: _____
Date: ___/___/____
NM Packet: _____
NM Card: _____
Welcoming Notified: _____
Newsletter Notified: _____
Added to Directory: _____

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.
To have 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."