GRAND STRAND QUILTERS MEMBERSHIP FORM

www.grandstrandquilters.com

DATE JOINED:			
NAME:			
LOCAL ADDRESS:			
LOCAL ADDRESS.			
CITY, STATE, ZIP CODE:			
LOCAL PHONE NUMBER:			
CELL PHONE NUMBER:			
OTHER ADDRESS (if applicable):			
CITY, STATE, ZIP CODE:			
CITT, STATE, ZIP CODE.			
OTHER PHONE NUMBER:			
OTHER HORE HOMBER			
EMAIL:			
MEMBERSHIP COMMITTEE US	. .		
DUES PAID: \$20.00	CASH	CHECK#	
TO TREASURER:			
ROSTER UPDATED:		E-MAIL LIST UPDATE	D:
INFORMATION SENT TO NEWSLETTER PERSON:			
INFORMATION SENT TO NEWSLETTER PERSONS			