

GRAND STRAND QUILTERS
MEMBERSHIP FORM
www.grandstrandquilters.com

DATE JOINED:

NAME:

LOCAL ADDRESS:

CITY, STATE, ZIP CODE:

LOCAL PHONE NUMBER:

CELL PHONE NUMBER:

OTHER ADDRESS (if applicable):

CITY, STATE, ZIP CODE:

OTHER PHONE NUMBER:

EMAIL:

MEMBERSHIP COMMITTEE USE:

DUES PAID: \$15.00

CASH

CHECK#

TO TREASURER:

ROSTER UPDATED:

E-MAIL LIST UPDATED:

INFORMATION SENT TO NEWSLETTER PERSON: