

Eternal Quilters Membership Application 2017-2018

Name: _____

New Member _____ Renewal _____ No Changes _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ DOB (Month , Day) _____

Email Address: _____

Receive newsletter by email: Yes _____ No _____

New members please fill out completely. Renewing members fill out only information which has changed. Please return the completed form with \$15.00 Membership Fee by October.

The information provided on this application will be reflected in the yearly directory.