LANDRUM QUILTERS—Membership Form – 2020

Landrum Quilters, P. O. Box 396, Landrum, SC 29356.

Please comple	ete the forn		bmit along	_Renewing/Rejo with your \$20.00	=	lues for 2020
Name:				Spouse's first name:		
Address:						
City:			State:	Zip: _		
Telephone numb	oer:			Cell Phone number	r:	
E-mail address: _						
Birthday (month	& day only):					
l prefer no	t to have my	personal informat	ion included	in the on-line direct	ory. (Please check.)
Date:	Amount:	Cash	Checl	< #:		