



Fallbrook Quilt Guild Membership Application

CHECK ONE: ☐ New member ☐ Renewal ☐ Past President or Charter
(exempt prior to 2014)

NAME: _____

NAME of SPOUSE/PARTNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

BIRTH MONTH: _____ DAY: _____

Membership Dues: \$50.00 (full year, July 1 to June 30)
 \$25.00 (half year, January 1 to June 30)

Date: _____

Total Payment: \$_____ Check # _____ ☐ Cash _____ ☐

Credit Card (last 4 digits of Credit Card) _____ ☐

New members only:

How should your name appear on your name tag? Pin ☐ Magnetic ☐

Please complete this form and mail to:

Fallbrook Quilt Guild

P. O. Box 1704

Fallbrook, CA **92088**

Or bring it to the next General Meeting.