



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: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

BIRTHDAY MONTH: _____ DAY: _____

MEMBERSHIP DUES: Special Rate for the July 1, 2026 to June 20, 2027 year.

- \$10.00 (Returning 2025/2026 members)
- \$30.00 (New members)
- \$15.00 (Junior Membership age 18 and under)

DATE: _____

TOTAL PAYMENT: \$_____ Check # _____ Cash _____ Credit Card _____ (last 4 digits)

NAME BADGE: New Member Replacement

How do you want your name to read on your nametag? TYPE: Pin Magnetic

Please complete this form and mail it to:

Fallbrook Quilt Guild
PO Box 1704
Fallbrook, CA 92088

OR bring completed form to the next General Meeting.