



APPLICATION FOR MEMBERSHIP

Today's Date: _____

PRINT your name as you want it listed in the TBQ Directory (nickname or given name)

NAME _____
Last First Middle

Mailing Address: _____
Street

City ZIP

Home Phone: (____) _____ Cell: (____) _____

e-mail Address: _____

Birthday Month: _____ Day: _____

Membership Status: _____ New _____ Renewal

How long have you been quilting? _____

Alternate Address (list only if you are there for more than three months each year):

Street

City State ZIP

Alternate Phone: (____) _____ What months are you there? _____

For Committee use

Admitted to Membership _____ Payment received _____ Amount _____
Date by (Initial)

Check _____ Cash _____ Receipt Given _____ New Member Guide _____ Directory _____
Check #

Photo taken _____