

GRAND STRAND QUILTERS
MEMBERSHIP FORM
www.grandstrandquilters.com

DATE JOINED:
NAME:
LOCAL ADDRESS:
CITY, STATE, ZIP CODE:
LOCAL PHONE NUMBER:
CELL PHONE NUMBER:
OTHER ADDRESS (if applicable):
CITY, STATE, ZIP CODE:
OTHER PHONE NUMBER:
EMAIL:
EMERGENCY CONTACT:
MEMBERSHIP COMMITTEE USE:
DUES PAID: \$20.00 CASH CHECK#
TO TREASURER: