



MEMBERSHIP REGISTRATION

Return This Form With \$25 Annual Dues Payment
Please Print Legibly

Port St. Lucie Crazy Quilters
Att: Membership
PO Box 8024
Port St. Lucie, FL 34985*8024

New Member

Renewing Member

Date: _____

Name: _____

Birthday: __/__/----

Telephone: _____ Alt. Phone _____

Email: _____

Address: _____ Alt.Address: _____

\$25 Dues are payable on the 1st of January.

Deadline is the 15th of January, at which time if dues are not paid you will

lose your placement of current member and risk being placed on the waiting list.

Would you like to volunteer for any committees or share some of your talents with the group?

Birthday Hostess Philanthropy Fat Quarters

Programs 50/50 Raffle Sunshine/Shadows

Membership Travel Coordinator

Individual Event Coordinator

I'd like to share my talents with the group by conducting a workshop, class, or demonstration

Details: _____
