MEMBERSHIP REGISTRATION

Return This Form With $30 Annual Dues Payment

Please Print Legibly

Port St. Lucie Crazy Quilters
June Ford
717 SW Myakka River Trace
Port St. Lucie, FL 34986

___ New Member
___ Renewing Member
___ Information Change

Date: _____

Name: _____ Birthday: _ _ _/ _ _ _/no year needed

Telephone: _____ Alt. Phone_____

Email: _____

Address _____ Alt. Address: _____

_____ _____

_____ _____

$30 Dues are payable by September 1.

Deadline is the 15th of September, 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 ___ Sunshine/Shadows ___ Travel Coordinator

___ Membership ___ Individual Event Coordinator

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

Details: _____

_____

Paid by _____ Cash _____ Check #_____ or _____ Zelle to Treasurer@pslcrazyquilters.org

Revised May 6, 2026