



MEMBERSHIP REGISTRATION

Return This Form With \$30 Annual Dues Payment

Please Print Legibly

Port St. Lucie Crazy Quilters _____ New Member
June Ford
717 SW Myakka River Trace _____ Renewing Member
Port St. Lucie, FL 34986
_____ 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 ___ 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: _____

Rev 06/15/22

Paid _____ Cash _____ Check # _____