

BLOCK PARTY QUILTERS MEMBERSHIP FORM

New: ____ Renewal: ____ Information Changed: Yes ____ No ____ Date: _____

PLEASE PRINT:

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Call no later than: _____ PM

Would you like your birthday acknowledged and published in BPQ newsletter? Yes ____ No ____

Birthdate, if yes: Month _____ Day _____

Dues \$35 (\$25 after July 1 for new members): \$ _____

Donation (Thank you for your additional support.) _____

TOTAL \$ _____

Paid by:

Cash ____ Receipt # _____ Initial ____ Initial ____

Check ____ # _____

Date Paid: _____ At a BPQ meeting: ____ By mail: ____

Bring this form and cash or check (preferred) payable to Block Party Quilters to a meeting or mail to:

Shirley Atkins, BPQ Membership
3304 220th Ave SE
Sammamish, WA 98075-9256

PLEASE NOTE: All members are expected to work at least two shifts at the annual quilt show in November.