



Fallbrook Quilt Guild Membership Application

CHECK ONE: New member Renewal Past President or Charter
(exempt prior to 2014)

NAME: _____

NAME of SPOUSE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

BIRTH MONTH: _____ DAY: _____

Membership Dues: \$50.00 (full year, July 1 to June 30)
 \$25.00 (half year, Jan. 1 to June 30)

Date: _____

Total Payment: \$ _____ Check # _____ OR Cash

New members only:

How would you like your name to appear on your name tag?

Please complete this form and mail to:

Fallbrook Quilt Guild
P. O. Box 1704
Fallbrook, CA 92088

Or bring it to the next General Meeting.