

Keepsake Quilters Application For Membership

Membership Chair: Pegee Frost

Membership Chair-Elect: Aleta Anderson

Membership Year 2017-2018 New___ Renewal___ Date: _____

First Name:

Last Name:

Membership book: No changes: _____ Change as shown below: _____

Address: _____

City, Zip _____

Phone-Home _____

Work _____

Cell _____

Email: _____

Birthday Month/Day _____

Print and mail this form with your check payable to **Keepsake Quilters** for \$30.00 (\$15.00 after Dec. 1 for **new members only**) to: **Keepsake Quilters Guild, P.O. Box 1043, Cedar Falls, IA 50613**; or take this form with your check for \$30.00 to the next meeting.