



Check # _____
Date _____
Amount _____

2017 Affiliate Membership Form

January 1, 2017 through December 31, 2017

Business Name: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____

Alternate Phone: _____

E-mail Address: _____

Web address: _____

Affiliate Member

Dues: \$50.00

Please send your application and check payable to
"Diablo Valley Quilters"

to

Diablo Valley Quilters

PO Box 1884

Danville, CA 94526