



MEMBERSHIP FORM

Please print legibly
Return this form with your payment

Date: _____

Name: _____ Birthday (MM/DD): _____

Telephone: _____ Alt. Phone: _____

Email: _____

Address: _____

Alt. Address: _____

Annual dues of \$25 are due and payable on the 1st of September. Deadline is the 15th of September, at which time if dues are not paid you may no longer attend meetings and will be removed from the mailing list.

Mail/hand deliver this form and payment to: Cathy Parker
7061 SE Pierre Circle
Stuart, FL 34997

Would you like to volunteer for any committees or share some of your talents with the group?

- | | |
|---|---|
| <input type="checkbox"/> Birthday Hostess | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Fat Quarters | <input type="checkbox"/> Programs |
| <input type="checkbox"/> 50/50 Raffle | <input type="checkbox"/> Sunshine/Shadow |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Travel Coordinator |

I'd like to share my talents with the group by conducting a workshop, class, or demonstration

Details: _____

