



MEMBERSHIP RENEWAL

Please print legibly
Return this form with Annual dues \$25 Dues Payment

Port St. Lucie Crazy Quilters

Att: Membership

PO Box 8024

Port St. Lucie, FL 34985*8024

Date: _____

Name: _____ Birthday: __/__/----

Telephone: _____ Alt. Phone _____

Email: _____

Address: _____ Alt. Address: _____

\$25 Dues are payable on the 1st of January.

Deadline is the 15th of January, at which time if dues are not paid you will

lose your placement of current member and risk being placed on the waiting list.

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

Birthday Hostess Philanthropy Fat Quarters

Programs 50/50 Raffle Sunshine/Shadows

Membership Travel Coordinator

Individual Event Coordinator

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

Details: _____
