

Pride of the Prairie Quilters

2019 Membership Form

Check One Below

Renewing Member

Complete name and any changes

Information Change

Complete name and any changes

New Member

Complete entire form

Please Print Clearly

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ E-mail: _____

Birthday: Month: _____ Date: _____

NOTE: If you choose to receive your newsletter by postal mail, there is an extra \$15 annual charge to cover the cost for printing and postage. Otherwise, the newsletters are distributed via e-mail.

E-mail

Postal Mail (extra \$15 annual charge)

For Membership Committee Use Only

Membership dues/fee paid: Date: _____ Amt: \$ _____ Ck #: _____ Cash: \$ _____

Additional Newsletter Mailing Fee Paid: \$ _____

Membership List Updated: Date: _____

New Member Packet Prepared: Date: _____

Newsletter Editor Notified: Date: _____

Member Name Tag Prepared: Date: _____

Program Committee Notified: Date: _____