

## MEMBERSHIP APPLICATION - FRIENDSHIP QUILTERS OF SAN DIEGO

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

New / Renewal (circle one)

Address \_\_\_\_\_ Birthday \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail (print clearly) \_\_\_\_\_

Dues Amount: \$55.00

Via Zelle: [friendshipquiltersinfo@gmail.com](mailto:friendshipquiltersinfo@gmail.com)

Or, Make check payable to: Friendship Quilters of SD and mail to:

Friendship Quilters of SD – Membership

P.O. Box 1174, Poway, CA 92074

Cash \$ _____
Check # _____
Membership Card _____
Input _____