Q.U.I.L.T.S. New Membership

Quilters United In Learning, Teaching and Self-Improvement

Name: _____ _____
First Last

Street: _____

_____

City: _____ State _____

Zipcode: _____

Phone (including Area Code): _____-_____-_____

The above will be added to a Members List for distribution by email and added to the Members List on our website www.springfieldquilts.com (protected by a password - please ask a member for password). Select 1 option below:

( ) Please include my name, address and phone number in the Members List on the website.
( ) Please DO NOT include my name, address, phone number on the website.

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Form revised July, 2021