

Beachplum Quilters of the Jersey Shore Membership Application

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Birthday _____

New or Renewal (please circle one)

I give permission to the Beachplum Quilters of the Jersey Shore for the inclusion of the following information on its website:

(Please check all that apply)

name

email

photographs

select all

Return this form and a \$25 check payable to the “Beachplum Quilters of the Jersey Shore”

Mail your check and form to:

Beachplum Quilters of the Jersey Shore

Attn: Membership – Marlene Stoever

P.O. Box 204

Island Heights, NJ 08732-0204