



Beachplum Quilters of the Jersey Shore Membership Form

Today's Date _____

Name _____

Address _____

City, State and Zip _____

Phone: Please circle -Cell or Home _____

E-Mail Address (used for directory only) _____

Birthday (Month and Date only) _____

Please circle one--- New or Renewal

I understand my membership gives permission to Beachplum Quilters of the Jersey Shore to use my picture and/or name - (formatted as first name and last initial) on their website.

SIGNATURE: _____

Turn in this completed form with a cash or cash at the next meeting or mail this form and a \$30.00 check made payable to Beachplum Quilters or to:

Ms. Ginger Cullen
C/O Beachplum Quilters of the Jersey Shore
PO Box 749
Island Heights, NJ 08732-0749

For membership chairperson use only

Method of Payment - Check Number _____ or Cash _____

Date Received _____