

# Beachplum Quilters of the Jersey Shore Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail 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

\_\_\_\_ E-Mail

\_\_\_\_ Photographs

\_\_\_\_ Select All

**Mail this form** and a **\$30 check**, payable to "Beachplum Quilters", to:

**Marlene Stoever  
628 Duquesne Blvd.  
Brick, NJ 08723**

Revised May, 2015