



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 to:

Ms. Gail Miller
Beachplum Quilters Membership
301 Forepeak Avenue
Beachwood, NJ 08722

Note: Approximately 2 weeks after your application is processed, you should receive an email with the Membership Directory for the guild. If you do not, please contact Gail at gailkeatingmiller@gmail.com

For membership chairperson use only

Method of Payment - Check Number _____ or Cash _____

Date Received _____