

Quilters Unlimited 2017 – 2018 Membership Form

Annual membership is July 1 – June 30. A membership form is required each year for all categories. Membership payment must be received by September 30th for inclusion in the Annual QU Directory.

Detail information about chapters is available from the QU website: <http://www.quiltersunlimited.org>

Item numbers 1 thru 7 are published in QU Directory. Please circle to confirm preference (YES is the default).

Renewal	New	Please indicate if this is a renewal or new membership and select Chapter.			
Annandale	Arlington	Burke	Centreville	Fairfax	Haymarket
McLean	Mt. Vernon	Reston	Springfield	Vienna	

Yes	No	QU may publish my name, address & phone number (Items 1-6) in the Annual QU Directory.
Yes	No	QU may publish my e-mail (Item 7) in the Annual QU Directory.
Yes	No	QU may e-mail the quarterly QU newsletter and information.
Yes	No	The chapter may e-mail the monthly Chapter newsletter and information.
Yes	No	Do you wish to receive a QU directory printed version of all members?
Yes	No	If available, would you prefer to receive an electronic QU directory of all members and not a printed version? (Currently pending privacy review and not yet approved for electronic distribution.)

1.Name: Last, First [Preferred, i.e., Doe, Judith (Judy)]		2.Preferred Phone for QU Directory
3.Address		
4.City	5.State	6.Zip Code + 4
7.Email Address		
<i>8.Work Phone – optional</i>		<i>9.Cell or Home Phone - optional</i>
<i>10.Birthday (optional for chapter use) Month/Day Only:</i>		<i>11.Chapter optional use</i>

SELECT ONE	DUES	MEMBERSHIP CATEGORIES
INDIVIDUAL	\$30	Individual Membership is for one Primary chapter which you wish to join. You may designate only one chapter for Individual membership....others are Associate.
LIFETIME	\$0	Lifetime membership is available only to a specific membership group as of June 2017. Confirm eligibility with your Chapter Membership Chair.
ASSOCIATE	\$10	Associate Membership is available if you wish to join more than one chapter. Please complete a new membership form and submit to the Associate Chapter with separate payment. Please include your Primary Chapter: _____
FAMILY	\$10	Family Membership is available if multiple members live at the same address. After the first member joins as an Individual Member, select this option if you are the additional member and include the name of the Individual Member at this address. Individual Member:
Additional options		
	\$5	QU Membership Pin @ \$5.00 each
		Chapter Specific Options
TOTAL DUE	\$	TOTAL ENCLOSED – Date: _____ Check # _____ Cash \$ _____

Make your check payable to the chapter and mail to Chapter Member Director: _____

Include a Self-Addressed Stamped Envelope (SASE), if you wish to have your membership card mailed to you.