



# Quilters Unlimited 2019 - 2020 Membership Form

Annual Membership is from July 1<sup>st</sup> to June 30<sup>th</sup>. A Membership Form must be completed each year for all Membership Categories. Payments must be received by September 30<sup>th</sup> for inclusion in the Annual QU Directory.

1. <b>Name:</b> Last, First, Preferred (for example: Smith, Judith, Judy)		2. <b>Preferred Phone</b> (for QU Directory)
3. <b>Address</b>		
4. <b>City</b>	5. <b>State</b>	6. <b>Zip Code + 4</b>
7. <b>Email</b>		
8. <b>Work Phone</b> (optional)		9. <b>Mobile or Home Phone</b> (optional)
10. <b>Birthday:</b> Month/Day (optional, for Chapter use)		11. (for Chapter use)

Please circle your selection (NEW memberships are half price after January 1<sup>st</sup>):

RENEWAL	NEW
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Please circle the Chapter you are joining:

ANNANDALE	ARLINGTON	BURKE	CENTREVILLE	FAIRFAX	HAYMARKET
MCLEAN	MT. VERNON	RESTON	SPRINGFIELD	VIENNA	

Item numbers 1-7 are published in the Annual QU Directory. Please circle your preferences (YES is the default):

QU may publish my name, address and phone number (Items 1-6) in the Annual QU Directory	YES	NO
QU may publish my email (Item 7) in the Annual QU Directory	YES	NO
QU may email me the quarterly QU Newsletter and other information	YES	NO
The Chapter may email me the monthly Chapter Newsletter and other information	YES	NO

I prefer to receive the Annual QU Directory	EMAILED	PRINTED	NO, THANK YOU
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Membership Categories. Please circle your selection:

INDIVIDUAL	Individual Membership is for the Primary Chapter you wish to join. You may designate only one Chapter for Individual Membership.	<b>\$30</b>
ASSOCIATE	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. <b>Primary Chapter:</b> _____	<b>\$10</b>
FAMILY	Family Membership is available for members who live at the same address. After the primary member joins as an Individual Member, additional members can join as Family Members. Select this option if you are the additional member. <b>Primary Member:</b> _____	<b>\$10</b>
LIFETIME	As of June 2017, Lifetime Membership is only available to a specific membership group. Please confirm eligibility with your Chapter Membership Chair.	<b>\$0</b>

QU Membership Pin: \$5 each	<b>\$5</b>
Chapter Specific Options	

Date: _____	Check No.: _____	Cash: \$ _____	<b>TOTAL \$</b>
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Make your check payable to the Chapter and mail to the Chapter Membership Chair: \_\_\_\_\_

Include a self-addressed stamped envelope (SASE), if you would like your Membership Card mailed to you.

Further information is available on the QU website: [www.quiltersunlimited.org](http://www.quiltersunlimited.org)