

LOVE APPLE QUILTERS

Membership Application/Renewal Form

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address: _____

Birthday (Month and Day): _____

Dues (Check One): _____ \$35 Regular
_____ \$30 Senior (62 and Older)
_____ \$25 Newsletter Only (No Member Benefits)

Mail Form & Check (No Cash) Payable to:

Love Apple Quilters Guild

c/o LAQ Secretary

P.O. Box 3734

Cherry Hill, NJ 08034