

Le Tort Membership Form

Name _____ Birth/Day&Month _____

Address _____

Seasonal Address _____

From _____ to _____

My telephone # may be printed on the membership list () _____

Please do NOT publish my telephone # but it may be made available to guild officers as needed _____

My e-mail address may be printed on the membership list _____

Please do NOT publish my e-mail address, but it may be made available to guild officers as needed _____

Please return during a guild meeting.

Membership fee is \$20.00

Make checks payable to: Le Tort Quilters

Hope you will join us!!!