



## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Chapter: \_\_\_\_\_

*If you belong to a Chapter, please include the Chapter name*

New Member:       Renewal:       Membership Number \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Are you interested in helping the TAS organization?      Yes       No

Are you interested in participating in a chapter?      Yes       No

<b>Membership:</b>	Membership term runs from May 1 to April 30.		
All members	One Year \$25 US	<input type="checkbox"/>	Two Year \$50 US <input type="checkbox"/>

<b>Payment:</b>	<p>Please make checks payable to The Applique Society in US funds only</p> <p>If you wish to pay by credit card, please log onto the website and use the PayPal option (you do not need an account, just your credit/debit card number).</p>
-----------------	--

Please visit our website for more information and products for sale at [theappliquesociety.org](http://theappliquesociety.org)

Leave Blank for Office Use  
 N \_\_\_\_\_ R \_\_\_\_\_ # \_\_\_\_\_  
 Int \_\_\_\_\_ Canada \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ NL \_\_\_\_\_

Mail to:  
 The Applique Society  
 P.O. Box 1593  
 Freeland, WA 98249-1593