



The Appliqué Society®

Chapter Application Form

Chapter's Group Name: _____

Address of your meeting location, indicate "members' homes" if not in a shop or facility

Shop/Facility Name: _____

Street: _____

City: _____ State _____ Zip _____ + _____

Day(s) and time of meetings: _____

Contact person & e-mail address: _____

Leader name, address and phone:

Name: _____

Street: _____

City: _____ State _____ Zip _____ + _____

Phone: _____

Total Number of Members: _____

Names of chapter members: (use back of form if you need more space)

We agree to abide by our Country, State and local laws concerning copyright regulations. We agree to send a report every six months or more often, on the activities of our chapter to The Appliqué Society Chapter Coordinator. We will promote TAS at least once a year in our area. We agree with the Mission Statement of The Appliqué Society. We agree with The Appliqué Society's requirements and policies.

As Chapter Leader I give permission to list my name on the TAS website YES NO

As Chapter Contact I give permission to list my name and e-mail address on the TAS website YES NO

Leader: _____

Date: _____

This form must be signed by the Chapter leader to be accepted as a TAS Chapter. Please print this page and mail completed form the TAS mailing address.

**Mail to:
Chapter Administrator
The Appliqué Society
P.O. Box 89
Sequim, WA 98382-0089**

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