



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: _____

New Chapter Reactivating Total Number of TAS Members: _____

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

**A minimum of three TAS members are required to form a chapter*

We agree with The Appliqué Society's requirements and policies and will abide by applicable country, state and local laws (e.g., fundraising, copyright, etc.). We agree to send information on the activities of our chapter to The Appliqué Society Chapter Coordinator as requested.

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 1593
Freeland, WA 98249-1593**