



Membership Application

Name: _____

Address: _____

City: _____

State/Prov: _____ Zip/Postal Code: _____ *9 number USA zip code required*

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 being on the Board of Directors? Yes No

Membership:	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"/>

Payment:	Please make checks payable to The Applique Society in US funds only
	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).

Please visit our website for more information and products for sale at theappliquesociety.org

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

Mail to:
The Applique Society
P.O. Box 89
Sequim, WA 98382-0089