

QUILTERS OF SC MEMBERSHIP FORM

www.quiltersofsc.org

All active participants in a quilting group who are interested in the purposes and goals of QSC are eligible for membership.

Name: _____

Address: _____

City: _____ County: _____

State: _____ Postal Code: _____

Telephone: _____ Mobile: _____

E-mail: _____

(required for quarterly e-newsletter and important updates)

New Member? _____ Renewal? _____

Are you a member of a quilt guild or organization?

If so, name: _____

Do you wish to be listed in the QSC Directory as a teacher? _____ quilt show judge? _____

**Regular Membership Fee: \$20.00 per year
Renewable on the first day of your anniversary month.**

If paying for multiple years, indicate number of years: _____

I would like to make an optional *tax-deductible* donation to the QSC scholarship fund in the amount of: _____ \$5 _____ \$10 _____ \$25 _____ Other

Check Number: _____ Date: _____ Total Enclosed: \$_____

Make checks/money orders payable to **Quilters of South Carolina**.

Complete this form and mail with your check to:

Membership Chair
Quilters of South Carolina
C/O Darlene Roberts
103 Hunters Way
Greenville, SC 29617