

# QUILTERS OF SC MEMBERSHIP FORM

[www.quiltersofsc.org](http://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: \_\_\_\_\_ or Out of State \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone where you would like to be reached: \_\_\_\_\_

E-mail: \_\_\_\_\_  
*(required for quarterly e-newsletter and important updates)*

New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Returning (expired 1 yr. or more) \_\_\_\_\_

Are you a member of a quilt guild or organization?

If so, name: \_\_\_\_\_

Would you like to be listed in the QSC Directory as a Teacher? \_\_\_\_\_ quilt show Judge? \_\_\_\_\_  
or an Appraiser? \_\_\_\_\_

**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: \_\_\_\_\_ years

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

Your Check Number: \_\_\_\_\_ Date of Check: \_\_\_\_\_ 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