



RAINY DAY QUILTERS

2024 Membership Form

Date: _____

Name: _____

Mailing Address: _____

Preferred Phone #: _____

E-Mail: _____

Birthday: _____

Favorite Colors: _____

Favorite Quilt Patterns: _____

Committees you would like to participate on:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Comfort Quilt | <input type="checkbox"/> Program | <input type="checkbox"/> Blueberry |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Quilt Show |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Quilts of Valor | |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Teacher | |

Rainy Day Quilters
P.O. Box 5131
Ketchikan, AK 99901

(Circle one) **New Membership** -or- **Renewal:** Annual dues are **\$40** and are valid for a calendar year.

Paid by: Check # _____ or Cash _____ RCVD by: _____