

**MEMBERSHIP FORM:**

\*\*\*\*\*

**LA CROSSE AREA QUILTERS MEMBERSHIP FORM  
JANUARY-DECEMBER 2010**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**BIRTHDAY (M/D)** \_\_\_\_\_ **Newsletter mailed or emailed ? circle one.**  
**Do you want to be included in the Group Quilt Drawing? YES**\_\_\_ **NO**\_\_\_ **Not Eligible**\_\_\_  
**(not eligible for the drawing for 10 years following the winning of a group quilt)**  
**Send \$20 dues, payable to LaCrosse Area Quilters, with this form, to the treasurer (Kathy Schmidt, 623 Main Street, La Crescent, MN 55947). Pay by January 31 in order to be included in the membership booklet and group quilt drawing.)**  
***Please note on the check what the payment is for. CHECK NUMBER*** \_\_\_\_\_