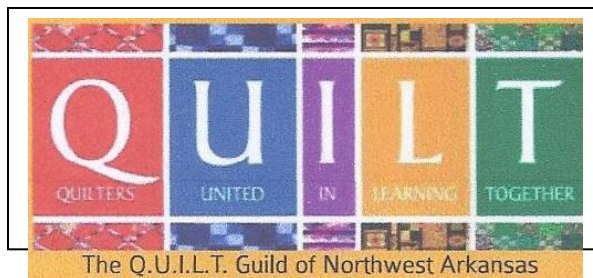


Membership



New ____ Renewal__ 80+__ 18 or younger ____

Date_____

Name_____

(Please Print)

Address_____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

E-Mail Address _____

Birthday: Month ____ Day ____ Are you on Facebook ? _____

Program Suggestions: _____

Contact Box APP Yes ☐ No ☐ Maybe (need to know more) ☐

Please send completed membership form and check or money order for **\$25.00 annually or \$15.00 from July 1st to Dec 31st. Under 18 dues are \$10.00.** Please make payable to **Q.U.I.L.T. Of NW AR.**

Can mail to:

**Mikki Stone
6 Boyce Circle
Bella Vista, AR 72715
479-366-5959**

Dues **must** be paid by January 15, 2018 for your name and information to appear in the next year's directory.

For Membership Use Only

Date Paid _____ Cash _____ Check # _____ Amount Paid \$ _____

Member Kit _____ Directory _____ Newsletter _____ Photo Taken _____

Notes _____

| | | | | | | | | | |
|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |