

# Bayberry Quilters' Membership Application

(Please Print)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I plan to attend DAY \_\_\_\_\_ or EVENING \_\_\_\_\_ meetings.

Make check payable for \$30.00, to Bayberry Quilters of Cape Cod.

Mail to: Barbara Fitzpatrick

P O Box 1253

Orleans, MA 02658