

Nimble Fingers Quilters, Inc.

Membership Application

Name			
Nickname / Preferred Nan	ne		
Street Address			Apt. #
City	State	9	Zip
Home Phone	Cell	Phone	
Email Address		Birthday (MM/DD)	
Referred by	Date	Submitted	
	olication and dues payment, w embership year is May 1 to A	•	nembership and welcome
Application Submission:			
Send this form by email to	c: Anne Flaggs, Membership (Chair, <u>membershi</u>	p@nimblefingers.org
OR print and mail to: Ann	e Flaggs, 8241 Hawkins Crean	nery Rd., Gaithers	burg, MD 20882.
Membership Dues Pleas	se check one:		
Annual Membership,	, \$35.00		
Partial Year Member	ship, \$17.50 (joining after De	cember 1, new m	embers only)
Payment Information			
I will mail my check	to Anne Flaggs.		
I will pay by cash, ch	neck, or credit card at the nex	t in-person meeti	ng.
Office Use	Date received	=========	=============
Amount naid	Cash	Chack	Credit Card