

Membership Application Form

Gulf States Quilting Association

Name (Please Print) _____
(Last) (First) (Initial)

Address: _____
(City) (State) (Zip Code)

Telephone#:(_____) _____

Email: _____

Title (Check One):

Miss Mrs. Ms Mr.

Renewal # _____ New Membership (Please Check)

Please check the appropriate box:

- I am a member of GSQA Chapter _____
- I am not a member of a GSQA Chapter.
- I would like to join a chapter in my area.
- I would like to discuss starting a new chapter.

I have enclosed payment for the following:

My membership dues @ \$20.00 per year times _____ years = \$ _____

Total Amount Enclosed \$ _____

Mail to:

Therese Springer
8338 Kahala Drive
Diamondhead, MS 39525-4023