



NEW QUILT SHOP MEMBERSHIP FORM

USE ADDITIONAL PAGES IF NEEDED

SECTION A

SHOP OWNER		SHOP PHONE NUMBER	
SHOP NAME		SHOP WEBSITE	
ADDRESS		CITY/STATE/ZIP	
SHOP EMAIL			
GROUP NAME		GROUP LEADER	
EXISTING GROUP? CHECK ONE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES print the form and include with your payment; if NO, complete Section B and C and include with your payment.

SECTION B

GROUP FEE	\$30.00
TOTAL GROUP MEMBER FEE/\$5.00 PER PERSON	
TOTAL AMOUNT SUBMITTED	

Transaction Number	
FOR OFFICE USE ONLY	

MAKE CHECKS PAYABLE TO QUILTS OF VALOR FOUNDATION AND MAIL TO P.O. BOX 191, WINTERSSET, IOWA 50273

SECTION C -- Please provide the following information for each member

Name	Address	City	State	Zip	Phone Number	Email