## Manatee Patchworkers Membership & Renewal Form

www.manateepatchworkers.org • P.O. Box 356, Bradenton, FL 34206

|                              | New Member: _           |                                   | Renewal:      | Date:  |       |  |
|------------------------------|-------------------------|-----------------------------------|---------------|--------|-------|--|
| Annual Membership Dues \$30: |                         | Order a name badge for \$10 more: |               |        |       |  |
| Total:                       | Check:                  | _ Cash:                           | Card:         |        |       |  |
|                              |                         |                                   |               |        |       |  |
| PLEASE PRINT IF Y            | OU ARE FILLING THIS O   | UT BY HAND                        | !             |        |       |  |
| NAME:                        |                         | BIRTHDAY (month & day):           |               |        |       |  |
| ADDRESS:                     |                         | CITY:                             |               | STATE: | ZIP:  |  |
| TELEPHONE:                   |                         | CELI                              | . PHONE:      |        |       |  |
| EMAIL:                       | MAIL: OCCUPATION:       |                                   |               |        |       |  |
| SUMMER ADDRESS               | S:                      |                                   | CITY:         | STATE: | ZIP:  |  |
| How did you learn            | about Manatee Patchw    | orkers?                           |               |        |       |  |
|                              | other guilds? Which one |                                   |               |        |       |  |
|                              | Emerg                   | ency Med                          | dical Informa | tion   |       |  |
| CONTACT NAME                 | E #1:                   | PHONE:                            |               |        |       |  |
| CONTACT NAME                 | E #2:                   |                                   | PHONE:        |        |       |  |
| MEDICAL ISSUES               | S YOU WOULD LIKE U      | JS TO BE A                        | WARE OF:      |        |       |  |
|                              |                         |                                   |               |        |       |  |
|                              |                         |                                   |               |        | ····· |  |

Revised: October 2022