

PRIDE OF THE PRAIRIE QUILTERS 2025 MEMBERSHIP APPLICATION FORM

Check one below

Renewing member \$30.00 Complete name & any changes Paid	Information change -NC New member \$30 d – Existing member Complete entire form	(Mar-Feb), \$15 (Oct-Feb)
Membership table or mai	ble to Pride of the Prairie Quilters must be receiled with a postmark dated no later than February f Prairie PO Box 501 Plainfield, IL 60544	=
Last Name: (please print)	First Name:	
Address:	City, State, Zip:	
Mobile Phone:	Home Phone:	
Email:	Birthday: (month and day)	
Have you ever been a member of the	e Pride of the Prairie Quilters before? yes no	
NOTE: if you choose to receive your new printing and postage. Otherwise, the new	vsletter by postal mail, there is an extra \$15 annual cho vsletters are distributed via email.	arge to cover the cost for
Please circle your choice.	: Email Postal Mail (extra \$15 annual charg	ge)
FOR MEMBERSHIP COMMITTE	EE USE ONLY	
Fee \$ + Newsletter Mailing Fee: \$ = Total \$		Amt
Notes:		Paid by:
		– Check #
		Cash
		Date
Membership List Updated Date:	New Member Packet Prepared Date:	:
Newsletter Editor Notified Date: Program Committee Notified Date:	Member Name Tag Prepared Date:	