

To be completed by UCQ - Date Rec'd \_\_\_\_\_ Dues Rec'd \_\_\_\_\_

## Undercover Quilters Membership Application (please print)

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Street  
Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth (month and day only) \_\_\_\_\_

Email Address \_\_\_\_\_

You will receive the UQ newsletter via email unless you check here for snail mail delivery. \_\_\_\_\_

<b>Emergency Contact Information</b>
Name: _____
Phone #: _____

How long have you been quilting? \_\_\_\_\_

Tell us a little about what type or aspect of quilting you enjoy. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you know anyone in Undercover Quilters? \_\_\_\_\_

\_\_\_\_\_

May we use your photo in our newsletter, member directory, and website? Please check one: \_\_\_ YES \_\_\_ NO