

LOS ALAMOS PIECEMAKERS MEMBERSHIP

Membership Year _____

Please print all information clearly.

Name _____

Mailing Address _____

City, State, & Zip Code _____

Telephone Number _____

E-Mail Address _____

Do you want to receive the LAP Newsletter via e-mail? Yes No (Circle one)

Do you need a ride to meetings? Yes No Can you drive someone to meetings? Yes No (Circle one)

Please volunteer for one or more of the following by placing a check mark next to items(s):

Donation Quilt ticket sales _____ Valentine's Day Luncheon _____

Quilt Show/Quilt Market _____ Serve as Officer _____

Payment - Make check for \$25 payable to: Los Alamos Piecemakers or LAP. Mail payment to LAP, Attn: Membership Chair, P.O. Box 261, Los Alamos, N.M. 87544 or hand in at meeting.

LAP Use only: Payment ___ Entered in data base ___ Name tag ___ Packet ___ Membership card ___ Date _____