



Check # _____
Date _____
Amount _____

## 2018 Affiliate Membership Form

January 1, 2018 through December 31, 2018

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web address: \_\_\_\_\_

Affiliate Member

Dues: \$50.00

Please send your application and check payable to  
"Diablo Valley Quilters"

to

Diablo Valley Quilters

PO Box 1884

Danville, CA 94526