Member of The Quilt Association Application Form



I wish to appl	y to become a Mem	ber of The Quilt Associat	tion.	
Full name Address				
Postcode				
Telephone No.				
Email address				
Signature of A	Applicant	Date		
•		orm (or equivalent) for a sociation account which i		
,	Pirect Plus Account v 39299 Account Nun	with the Co-operative Ba nber: 65966710	nk	
Or I enclose Association I	•	mum of £15 (payable to	The Quilt	
	The Quilt Associat The Minerva Arts (High Street	he Membership Secretary he Quilt Association Ltd. he Minerva Arts Centre igh Street anidloes, SY18 6BY		
Phone: 0168	6 413467	email: admin@quilt.or	<u>g.uk</u>	
	nsent on how we kee appropriate boxes:	eep in touch with you		
Post	E	mail		