



Membership Application

Name: _____

Address: _____

City: _____

State/Prov: _____ Zip/Postal Code: _____

Country: _____

Telephone: _____ E-Mail: _____

Chapter: _____

If you belong to a Chapter, please include the Chapter name

New Member: Renewal: Membership Number _____

How did you hear about us? _____

Are you interested in helping the TAS organization? Yes No

Are you interested in participating in a chapter? Yes No

Membership: Membership term runs from May 1 to April 30.

All members One Year \$25 US Two Year \$50 US

Information from this form may be shared in the TAS membership directory (accessible by members only). Yes No

Pictures showing my participation in TAS activities may be used in the TAS newsletter and/or on the website. Yes No

Payment: Please make checks payable to The Applique Society in US funds only.

If you wish to pay by credit card, click on the "Join/Renew" tab on the TAS website (<http://www.theappliquesociety.org>). You do not need a PayPal account to use this option, just your credit/debit card number.

Leave Blank for Office Use
 N _____ R _____ # _____
 Int _____ Canada _____ Date _____
 _____ NL _____

Mail to:
 The Applique Society
 P.O. Box 1593
 Freeland, WA 98249-1593