



*The Smithtown
Stitches*

The Smithtown Stitches

Membership Application – 20__

Name _____
(please print clearly)

____ Renewing Member
____ New Member

Address _____

City / State / Zip _____

Phone # _____ Mobile # _____

ICE Name: _____ ICE Phone #: _____

E-mail _____

(NOTE: THE STASH newsletter will be sent out via e-mai. If you wish to have your copy mailed to you, provide a SASE to the newsletter editor)

Or _____ I do not have an e-mail address

Birth date: ____/____/____

Optional Month / day

Membership Policy:

Annual dues are **\$35.00** (cash or check) due in December each year.

Late fee of \$10.00 will be incurred after March the following year.

Meeting **guest fee** of \$5.00 is applicable towards membership that night only. (No guests at the December meeting)

Make checks payable to:

The Smithtown Stitches, P.O. Box 311, Smithtown, NY 11787

MEETINGS: 3rd Monday of the month, 7:00 PM at

St. James Lutheran Church, 230 2nd Ave, St. James, NY

Membership responsibilities include:

Selling five (5) raffle books for the Guild's raffle quilt

Volunteering 2 hours at the quilt show

Making a community service "Comfort Quilt" or quilt top

Participation in one of the areas listed below (please check at least one):

____ Board member, ____ Hospitality, ____ Raffle quilt, ____ Show & tell,
____ Mini workshop, ____ Historian, ____ Photographer

MEMBERS SIGNATURE

DATE

Payment Received: Cash: _____ Check # _____

Card Delivered: _____

VISIT US at: www.smithtownstitches.org