

# THE HEARTLAND QUILT NETWORK MEMBERSHIP FORM

HQN's annual membership fee of \$20.00 per guild, shop or teacher. Membership runs from July 1 through June 30. Return **entire form** and **your check** to **Membership, Nancy Root, 2920 N. 8<sup>th</sup> St., St. Joseph, MO 64505-1920** nroot@lycos.com

## GUILDS

Guild Name: _____	Meeting Place & Time: _____
Mailing Address: _____	Exceptions: _____
_____	Website: _____
President: _____	Program Chairperson: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone# _____
Email: _____	Email: _____

Please attach a list of upcoming speakers, programs, & dates. Also include special projects or community activities your guild sponsors.

Mail HQN  
Information to: \_\_\_\_\_

## SHOPS

Shop Name: _____	Hours: _____
Mailing Address: _____	City: _____ St/Zip: _____
Owner: _____	2 <sup>nd</sup> Contact Person: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone # _____
Email: _____	Email: _____

Shop Information:  
(Attach extra pages, if necessary) \_\_\_\_\_  
\_\_\_\_\_

## PROFESSIONALS

Name: _____	Phone #: _____
Mailing Adrs: _____	Email: _____
_____	Website: _____

Guild Membership(s): \_\_\_\_\_  
Shops &/or guilds where you frequently teach: \_\_\_\_\_

Short summary of your class/specialty  
(attach extra pages if necessary) \_\_\_\_\_  
\_\_\_\_\_

Long Term Contact: \_\_\_\_\_  
(name & email)

New Member:       Renewal:       Check #: \_\_\_\_\_      Date Sent: \_\_\_\_\_

Yes, I would be interested in serving on the HQN Board.