

# THE HEARTLAND QUILT NETWORK

Memberships run from July 1 through June 30. **MAKE CHECKS PAYABLE TO HQN.**

NEW MEMBER

RENEWAL

One Year \$20

Three year \$40

Return entire form and check to:

Liz Granberg-Jerome, HQN Membership Chair  
PO Box 684, Baldwin City, KS 66006-0684

## GUILDS

**Guild Name:** \_\_\_\_\_

**President:** \_\_\_\_\_

Meeting Place/Address & Time: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Exceptions: \_\_\_\_\_

**VP/Program Chair:** \_\_\_\_\_

Guild Mailing Address: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Guild Website: \_\_\_\_\_

**Newsletter Editor:** \_\_\_\_\_

Guild Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Long-term Contact Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Please attach a list of upcoming speakers, programs, and dates. Also include special projects, quilt shows, or community activities your guild sponsors. As officers change during your membership, please send updates to Membership Chair using the HQN Officer Update Form.

## PROFESSIONALS

**Name:** \_\_\_\_\_

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

Company: \_\_\_\_\_

Email: \_\_\_\_\_

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

Please attach a summary of your classes/specialty. Also provide your upcoming schedule of lectures and workshops for the website. All information is welcome.

\_\_\_\_\_

Website: \_\_\_\_\_

## SHOPS

**Shop Name:** \_\_\_\_\_

Owner: \_\_\_\_\_

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

Address (optional): \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_

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

Business Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

Date: \_\_\_\_\_