

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: _____

VP/Program Chair: _____

Exceptions: _____

Phone: _____

Guild Mailing Address: _____

Email: _____

Newsletter Editor: _____

Phone: _____

Guild Website: _____

Email: _____

Guild 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: _____