HEARTLAND QUILT NETWORK

# MEMBER GUILD OFFICER UPDATE FORM

## PLEASE PRINT

**MAIL TO**: Heartland Quilt Network
Rachel Rohrer
21347 W 120th St
Olathe, KS 66061-7361

**DATE**: _____

**HQN uses the Officer contacts to keep the Guilds "in the know" and to invoice annual membership fees. *Thank you* for keeping HQN informed…so we can keep You informed.**

**Guild Offical Name:** _____
Guild Mailing Address: _____
_____
Guild Emai Address:_____
Guild Website URL: _____
Guild Facebook URL: _____

**President (First and Last Name):** _____
Cell Phone Number: _____
Email Address: _____

**VP/Program Chair (First and Last Name):** _____
Cell Phone Number: _____
Email Address: _____

**Treasurer (First and Last Name):** _____
Cell Phone Number: _____
Email Address: _____

**Newsletter Editor (First and Last Name):** _____
Cell Phone Number: _____
Email Address: _____

**CONFIRM MEETING LOCATION (with address); DAY OF THE MONTH (ex: 4th Tuesday of the month); TIME; and INCLUDE ANY EXCEPTIONS:**

_____

_____

As new Programs/Workshops are scheduled for your guild, please email the information to **HQNWebmaven@gmail.com in order for HQN to update the website calendar.**

Rev: 02.03.26