



East Iowa Heirloom Quilters

2018-2019 Membership Application

Membership dues must be received by **October 1, 2018**, to retain Active Membership status.

Regular Membership **\$35.00** **Junior Membership** **\$10.00** **Late Fee** **\$5.00** (after January 1)

Dues may be submitted at the meetings or mailed to: **Jodi Shelledy**
110 Lincoln Ave Unit A
Lisbon, IA 52253

Make checks payable to EIHQ.

Membership cards will be distributed at the time of payment at the meeting. If you mail your membership dues your card can be mailed to you, only if you include a **self-addressed, stamped envelope** with your Membership Application and Check. Otherwise, you will be responsible for picking up your card from the Membership Chair.

NEW **RENEWAL** **REJOIN**

NAME: _____ **BIRTH DATE:** **MONTH** _____ **DAY** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE + 4** _____

HOME PHONE: _____ **MOBILE PHONE:** _____

E-MAIL ADDRESS: _____

Note: Email address is necessary for distribution of guild communications. (By providing your Email address, you acknowledge your email will be used for guild communications. Emails are not shared or sold.)

Meeting I attend: **AM** **PM** **BOTH** (Please check which meeting you usually attend.)

Newsletters

- Electronic newsletters are sent out each month (except December) to your **email**, if provided.
- It is available on our new website: www.eihqguild.com every month.
- To receive the **EIQ newsletter by mail** you must pay an additional **\$10.00** per year for postage.
- (If you do not receive your newsletter, Jodi Shelledy (319-361-6004) or quilterjodi@gmail.com with your issue.

It Is Your Responsibility to keep us informed of any changes to your information or a correction to your email. This year you can also make your own changes on Member Planet through your personal portal.

(To comply with the Sarbanes-Oxley Privacy Act of 2002, Members will be able to opt out of this information.)

Please check one of the following and sign and date.

- Include all of my information in the Directory.
- I do not want my information included in the Directory.

Signature

Date

MEMBERSHIP USE ONLY

MEMBERSHIP CARD #: _____

CHECK AMT: _____ **CHECK #:** _____

CASH AMT: _____ **DATE PD:** _____

MAILED NEWSLETTER AMT: _____ (**\$10**)

Notes: _____