



# East Iowa Heirloom Quilters

## 2021-2022 Membership Application

**Membership** dues must be received by **October 1, 2021**, 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: **Debbie Wordehoff**  
3067 Circle Drive NE  
Cedar Rapids, IA 52402

**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** 0 \_\_\_\_\_

**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](http://www.eihqguild.com) every month.
- To receive the **EIHQ newsletter by mail** you must pay an additional **\$10.00** per year for postage.
- If you do not receive your newsletter, contact Debbie Wordehoff (319-389-5550 or [dwordehoff@gmail.com](mailto:dwordehoff@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 #: \_\_\_\_\_

DATE PD: \_\_\_\_\_

CHECK AMT: \_\_\_\_\_ CHECK #: \_\_\_\_\_

CASH AMT: \_\_\_\_\_ CREDIT CARD: \_\_\_\_\_

MAILED NEWSLETTER AMT: \_\_\_\_\_ (\$10)

Notes: \_\_\_\_\_