

*Heritage Quilters of Huntsville*  
*Membership Form*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Birthday (Month/Day) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Yes,  My information  My Photo can appear in the HQH Directory.

I prefer to receive my newsletter by: (please choose one)  Mail  E-mail

<b>Official Use:</b> Check # _____ Cash _____ Amount \$ _____
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- Check One:
- First Time New Member
  - Returning Past Member
  - Renewal
  - With Changes for the Directory
  - No Changes from Last Directory

