

Membership Form for the Chesapeake Region Lace Guild

Date of application: _____ New membership? _____ Renewal? _____

Name: _____ Lace Study Group: _____

Address: _____

City, State, and Zip: _____
(Please include extended zip code, e.g., 22026-1350)

Telephone Numbers: Home (____) _____ Work (____) _____

E-mail Address: _____

NOTE: Personal information is not distributed commercially.

I would like to receive the newsletter by (please select one method):

E-mail (with color photographs) _____ Mail (with black and white photographs) _____

Are you willing to demonstrate lacemaking? Yes _____ No _____

Are you a member of I.O.L.I.? Yes _____ No _____

**Please indicate your level of experience for each type of lace you make.
 (Example: Torchon/advanced, Bucks Point/beginner)**

	Type of Lace	Beginner	Intermediate	Advanced
Bobbin Lace (list all types)				
Needle Lace				
Crochet Lace				
Knitted Lace				
Tatted Lace				
Collector				
Bobbin Maker/Painter				
Other:				

Please indicate the level and type of instruction you are interested in for workshops and make suggestions for programs and/or instructors.

If you are a lace teacher and wish to be listed as such in the membership directory, please indicate the types of lace and level of instruction you can provide.

**Send your application and a \$15.00 check payable to *Chesapeake Region Lace Guild* to:
 Treasurer, 15917 Moncure Drive, Montclair, VA 22025-1350**