

Chesapeake Region Lace Guild Membership Form

Name: _____ Date of application: _____

Address: _____ New or Renewal: _____

City, State, Zip+4: _____

Phone: Home(_____) _____ Cell(_____) _____ Work(_____) _____

Email Address: _____ **Note: Personal information is NOT distributed commercially.**

Lace Study Group: _____

I would like to receive the newsletter by (please select one method):
 Email (with color photographs) _____ or 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 an a \$20 check payable to Chesapeake
 Region Lace Guild to: CRLG Treasurer, 17109 Barnstable Drive,
 Derwood, MD 20855-2529**