

EGA REGISTRATION / INFORMATION REQUEST FORM

Name (Please Print): _____

Street: _____

City: _____ State, Zip: _____

Telephone: (_____) _____

E-mail: _____ Do you want to receive information via email? yes no

Chapter: _____ Membership #: _____

Visa MasterCard Card #: _____ Exp. Date: _____

Signature: _____

INFORMATION REQUESTED

EGA Programs & Certification

Please send me information and registration forms for:

- | | |
|---|---|
| <input type="checkbox"/> Teacher Certification Examination | <input type="checkbox"/> Master Judges Certification Program |
| <input type="checkbox"/> Certified Teacher Graduate Program | <input type="checkbox"/> Certified Needlework Appraisal Program |
| <input type="checkbox"/> Judges Certification Program | <input type="checkbox"/> Research Fellowship Grant |

Extended Study Brochure

Course/Technique: _____

Master Craftsman Registration Form

Program Fee: \$15 Technique: _____

Correspondence Course Registration Form

Course(s): 1 _____ 2 _____

SEND TEXT FEE DIRECTLY TO TEACHER AFTER CONFIRMATION OF ENROLLMENT.

Independent Study Registration Form

Course: _____ Course Fee: \$ _____

SEND TEXT FEE DIRECTLY TO TEACHER AFTER CONFIRMATION OF ENROLLMENT.

Challenge Registration Form

Challenge (Enclosed is \$35): _____ Challenge with a Twist (Enclosed is \$45): _____

ALL FORMS MAY BE PHOTOCOPIED—Forms available at www.egausa.org

MAIL TO: The Embroiders' Guild of America
Embroidery Museum and Resource Center
426 West Jefferson Street
Louisville, KY 40202-3202

For EGA Office Use Only:

Check #: _____ Credit Card or Money Order: _____

Registration Completed: _____ Authorized By: _____