

Application to Register as a Pomegranate Guild Instructor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Your own needlework/embroidery education: _____

Teaching experience: _____

Areas of specialization; topics you teach: _____

Fees/Honorarium: _____

How far will you travel? _____

Guild Member? Yes _____ No _____ Chapter/Independent: _____

Other Affiliation(s), Certifications: _____

(Please feel free to duplicate and distribute this form.)

Return completed form to:

Marilyn Samuels

9812 Paliscliffe Road SW

Calgary AB T2V 3V7

CANADA

Or e-mail the information to: msamuels@ucalgary.ca

Please put POM Instructor Application in the subject line