

Application to Register as a Pomegranate Guild Instructor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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 _____

Other Affiliation(s), Certifications: _____

Please feel free to duplicate and distribute this form.

Return complete form to: Barbara Rucket 1005 Ivy falls Dr NW Atlanta, GA 30328 or email to Pomedu1@aol.com