



The Embroiderers' Guild of America, Inc.
Mid-Atlantic Region

CANDIDATE FOR REGION SERVICE

Name _____ Date _____

Street Address _____

City/State/Zip+4 _____ Phone (____) _____

Chapter _____ No. Years _____ EGA _____

Other chapters where you are, or have been, a member _____

Experience (include all positions and offices held):

Chapter _____

Region _____

Other volunteer work or employment _____

Considering your experience and interests, how would you like to serve the region?

Signature _____ Date _____

Send the completed form to the current MAR Nominating Committee Chairman
The MAR directory has current address and E-mail information
This form is available on line at www.marega.org