

Crochet Guild of America Contract Crocheter/Pattern Tester Information – (8/03)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____ Country: _____

PHONE DAY: (_____) _____ PHONE EVE: (_____) _____

E-MAIL: _____ WEBSITE: _____

Do you have experience as a Contract Crocheter/Pattern Tester? ____ Yes ____ No

Approximate time per week you could devote to contract crochet?

____ Less than 5 hours ____ 5-10 hours ____ more than 10 hours

Crochet Preference? ____ Thread ____ Yarn

Please check the type of items you would be interested in working on:

____ Afghans ____ Bedspreads/Tablecloths ____ Doilies ____ Dolls/Toys ____ Fashion Accessories ____ Garments ____ Household Items ____ Jewelry

Please indicate any special techniques you are skilled in:

____ Bead Crochet ____ Broomstick ____ Cro-tat ____ Double-ended hook ____ Filet Lace ____ Hairpin Lace ____ Irish Crochet ____ Tunisian ____ Wire crochet

CGOA Membership Type: ____ General ____ Associate Professional ____ Professional

____ Yes, I give CGOA permission to publish the above information in a Contract Crocheter Directory in the members only (password protected) area of the website.

Note: To be listed in the Directory you must be a CGOA member. If you are not a current member, please include CGOA Member Form and dues payment.

Signed _____ Date _____

Mail your completed information form to: CGOA/Contract Crocheter

PO Box 3388

Zanesville, OH 43702-3388

For Office Use Only:

Membership Number _____ Expiration Date _____

Membership Type _____

Received _____ Entered into database _____