

COLORADO POTTERS GUILD MEMBERSHIP APPLICATION 2008 – 2009

PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Address (mailing): _____

Address (home): _____

If different than above

Telephone #s: Home: _____
Work: _____
Cell: _____
Fax: _____

Email address: _____

Occupation: _____

Employer: _____

Marital Status: Single married widowed divorced

If married, please give spouse's name:

Highest grade completed:

Degree:

Education: Yr Received:

Major:

Minor:

Institution:

POTTERY EXPERIENCE & EDUCATION

Number of years potting:

Level of Proficiency: Beginner Intermediate Advanced

NAMES OF INSTRUCTORS, FACILITIES

	<i>Class/Workshop</i>	<i>Date(s)</i>	<i>Where</i>	<i>Instructor</i>
1.				
2.				
3.				
4.				
5.				

SHOWS ENTERED:

AWARDS RECEIVED:

GALLERIES:

HOME STUDIO? No Yes

*Describe your space and
equipment:*

ANTICIPATED USE OF GUILD FACILITIES: *(Describe activities, amount of time, time of day and equipment you plan to use at the Guild.)*

HOW DID YOU HEAR ABOUT THE GUILD/this opening?

SPECIAL INTEREST RELATED TO POTTERY:

DESCRIBE YOUR GOALS RELATED TO GUILD MEMBERSHIP:

DESCRIBE ANY SPECIAL CONTRIBUTIONS YOU WOULD BRING TO THE GUILD (e.g. skills, traits, knowledge you would share related to pottery or operation of the Guild or shows, computer skills, other skills)

*DESCRIBE YOURSELF & COMMENT ON HOW YOU TEND TO PARTICIPATE
IN GROUPS:*

*TELL US MORE ABOUT YOURSELF: (Anything! Use back of sheet if you need
more space.)*

REFERENCES:

Please list names of pottery instructors and dates for each place in which you have trained or worked in the last five years:

Provide NAME, ADDRESS & PHONE NUMBERS for each reference. Include one personal reference (not related to you).

- 1.
- 2.
- 3.
- 4.
- 5.

ADDITIONAL COMMENTS OR QUESTIONS:

Signature: _____ Date: _____

PLEASE RETURN APPLICATION TO:

*Ortrud Fowler, Membership Chair
Colorado Potters Guild
1541 S. Pearl St
Denver, CO 80210*

(303) 321-6400