

**The Embroiderers' Guild of America, Inc.
South Central Region
Longevity Pin Order Form**

Date: _____

Requested by: _____

Chapter: _____

Ship to: _____

(Name)

(Address)

(City/State/Zip)

(Telephone/E-mail)

Year	# Ordered	Cost Each	Total Cost
5-year	_____	<u>\$1.35</u>	_____
10-year	_____	<u>\$1.35</u>	_____
15-year	_____	<u>\$1.35</u>	_____
20-year	_____	<u>\$1.35</u>	_____
25-year	_____	<u>\$1.35</u>	_____
30-year	_____	<u>\$1.35</u>	_____
35-year	_____	<u>\$1.35</u>	_____
40-year	_____	<u>\$1.35</u>	_____
45-year	_____	<u>\$1.35</u>	_____
TOTAL	_____		\$ _____

Enclose Chapter check for total payment and mail to:

**Melanie Norton
South Central Region Treasurer
26423 Prairie School Lane
Katy, TX 77494**