

**Ancillary Document 2.5.3  
NATIONAL RESUME FORM**

**THE EMBROIDERERS' GUILD OF AMERICA, INC.  
NATIONAL RESUME**

PLEASE PRINT OR TYPE: (May attach personal resume if available.)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHAPTER: \_\_\_\_\_ REGION: \_\_\_\_\_

MEMBERSHIP NUMBER: \_\_\_\_\_ MEMBER SINCE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_ Does your e-mail allow you to receive attachments? ☐ YES ☐ NO

**EDUCATION:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**DATES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE (past 10 years or previous to retiring)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**DATES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER/CLUB EXPERIENCE: (other than EGA for past 5 years)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**DATES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EGA EXPERIENCE:**

Chapter positions and offices held:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**DATES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Region positions and offices held:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

National EGA Positions: Elected offices and Committee Chairs held:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

SKILLS/EXPERIENCE: Taking into consideration your past and present work experience, please check below those particular area(s) in which you feel most qualified to serve EGA:

☐ Bylaws      ☐ Computer Skills      ☐ Education      ☐ Contract and/or Grant Writing  
☐ Fundraising      ☐ Exhibits      ☐ Finance      ☐ Accounting      ☐ Marketing  
☐ Membership      ☐ Public Relations      ☐ Publications      ☐ Web Sites  
☐ Secretarial Skills      ☐ Budgets      ☐ Youth      ☐ Other

Give a short explanation about your experience(s) as related to the items checked in the space provided:

---

---

---

---

---

---

---

REFERENCES: Please list the names and contact numbers of three EGA members to whom we could ask for a reference. At least two of the three references must be from outside of your chapter with one being from outside of your region, if possible.

NAME      CONTACT NUMBER

---

---

---

---

Please return to:      Laura Kamienski  
202 Johnston Pkwy  
Raymore, MO 64083  
319-431-6379  
NNCChair@egausa.org