

# Sewing Educators Alliance

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Dues Enclosed \$ \_\_\_\_\_ \$50 per person---Please return this form with your payment.

Payable to **Sewing Educators Alliance (SEA). We accept checks, Money order, or credit cards:**

Payments may also be made by  Visa  MasterCard

Cardholder Name: \_\_\_\_\_

Credit Card Registered Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Amount Charged To Card: \_\_\_\_\_

Authorized Signature of Card Holder \_\_\_\_\_

Biography & areas of specialization: (Submit color photo)  
(Max. 75 words) \_\_\_\_\_

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***Submit color photo with your application.***

Please Fax your membership form to 515-282-4483  
**OR** Mail to **Sewing Educators Alliance**, c/o SDTA/VDTA  
2724 2<sup>nd</sup> Ave., Des Moines, IA 50313  
E-mail to mail@vdt.com