



Embroiderers' Association of Canada, Inc.
Association canadienne de broderie, Inc.

Sampler Registry: Owner Information Form

Title of Sampler(s): _____

Name of Museum, Institution or Owner: _____

Contact: _____

Curator Owner EAC/ACB Member Researcher

Address: _____

City: _____ Prov: _____ Postal Code: _____

Country: _____ Chapter Name (if applicable): _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Additional Information

I, _____, give permission to the Embroiderers' Association of Canada, Inc./Association canadienne de broderie, Inc. (EAC/ACB) to record my personal information, as shown above, for use in the EAC/ACB Sampler Registry records. I understand the information is requested to keep on record the location of such samplers I may own and wish EAC/ACB to document. I further permit EAC/ACB to use the sampler(s) and my initials only for publication in *Embroidery Canada* or on the EAC/ACB website. This permission covers all samplers submitted with this form.

Signature: _____ Date: _____

EAC Use Only: Owner ID: _____ Date Registered: _____