

Applicant # _____

Stencil Artisans League Master Certification Registration

Applicant Identification Number _____ (wood) _____ (fabric) _____ (walls) _____ (choice)

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Work or cell phone _____

SALI # _____ Chapter Affiliation _____

E-mail Address _____

PLEASE COMPLETE:

Category achieved: I am applying for Certification as a:
 Certified Stenciler/Certified Stenciling Artisan Certified Master Stenciler
 Certified Stenciling Teacher Walls Wood Fabric Choice _____
 Master Stenciler of _____ Certified Master Stenciling Teacher

As an artistic stenciler, I hereby agree to abide by all of the rules for Certification as set forth by the Stencil Artisans League, Inc.

Signature: _____ Date: _____

I do hereby certify that all work submitted for judging for master certification has been solely completed by me.

Signature: _____ Date: _____

The **following section** is to be completed by applicants applying for **Certified Master Stenciling Teacher**, in addition to all preceding statements.

I do hereby certify that I have completed the required 1000 hours or more of stenciling teaching time.

Signature: _____ Date: _____

Return this Master Certification Registration Form to: **Mary Boquard CS**
SALI Certification Chairperson
102 Tarks Lane
Severna Park, MD 21146

MUST BE POSTMARKED BY JUNE 16, 2008 (FIVE WEEKS PRIOR TO CONVENTION)