



# IOLI Proficiency Program for Lacemaking

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

Proficiency ID  
Number: \_\_\_\_\_  
*(assigned by IOLI)*

I am registering for the following journal  
*(Please complete a separate form for each proficiency journal) :*

- Torchon Technical Proficiency
- Torchon Mastery
- Tape Lace
- Point Ground
- Tatting Technical Proficiency
- Advanced Study

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip+4/Postal Code: \_\_\_\_\_

Country *(other than U.S.A.)*: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

IOLI membership #: \_\_\_\_\_

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Additional notes: