AMB Guild Honorarium Request

Please complete this form when requesting your honorarium and submit it to the Guild Chairperson who will present it to the AMB Board for approval.

Name of Guild:			<u>—</u>
Guild Spokespers	son:		<u></u>
Email:			
Phone Number:_		Date:	
oasket related le	an honorarium of \$100.00 per of cture or workshop. To be eligib sted in the guidelines for AMB (le for this hono	
Roster of Mer	mbership (to include at least 10	AMB Member	s)
Have been c	chartered for one year		
Two updates	on guild activities per calenda	r year	
In the space below give a brief description of your Guild's Participation in one or more of the activities listed in ARTICLE III – 6c of the AMB Guidelines. If you need more space you may use a separate piece of paper or use the back of this form.			
Teacher's Name:	:	Date of Class:	:
Make Check Pay	able to:		
Send Check to:	:		
Signature of Guild	d Chairperson:	Approved	d by AMB Board on: