



American Needlepoint Guild, Inc.

NEW CHAPTER MEMBER AND INFORMATION UPDATE FORM

Return form to: 2424 American Lane | Madison, WI 53704

Email Address: membership@needlepoint.org

- Please print or type the page.
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- MAKE A SECOND COPY AND RETAIN FOR YOUR RECORDS.

First Name: _____ Last Name: _____

Street: _____ ANG Member Number: _____

City: _____ State: _____ Nine digit zip code: _____

Country: _____ Home Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____ Primary Chapter: _____

Check one:

Payment included: Yes No change in information transfer primary membership from another chapter or Member at Large status

First Name: _____ Last Name: _____

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City: _____ State: _____ Nine digit zip code: _____

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