



# 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](mailto:membership@needlepoint.org)

- Please print or type the page.
- Submit one copy to the address above.
- 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  
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