



American Needlepoint Guild, Inc.

NEW CHAPTER MEMBER AND INFORMATION UPDATE FORM

Return form to: 2810 Crossroads Drive, Suite 3800 Madison, WI 53718-7961

Email Address: 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: _____

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

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

E-mail address: _____ Payment included: Yes _____ No _____

If already an ANG member please include: ANG # _____ Primary Chapter: _____

Check one: ____ change in information, ____ new member, ____ late renewal,
____ transfer member (transferring primary membership from another chapter or Member at Large status)

First Name: _____ Last Name: _____

Street: _____

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

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

E-mail address: _____ Payment included: Yes _____ No _____

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____ transfer member (transferring primary membership from another chapter or Member at Large status)

First Name: _____ Last Name: _____

Street: _____

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

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

E-mail address: _____ Payment included: Yes _____ No _____

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____ transfer member (transferring primary membership from another chapter or Member at Large status)
