

**American Needlepoint Guild Inc.**  
*Universal Enrollment Form of Certification Programs Offered*

Name: \_\_\_\_\_ ANG Number: \_\_\_\_\_

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

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers (including area code):

Home: \_\_\_\_\_

Business: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

I am interested in an entry application for the following program:

\_\_\_\_\_ Judging Certification Program

\_\_\_\_\_ Master Needle Artist Program

\_\_\_\_\_ Master Teacher Program

\_\_\_\_\_ Needlework Appraisal Program

Include a short description of educational background pertaining to the needlework field.

Mail completed application to:

Vice President of Education  
c/o American Needlepoint Guild  
2424 American Lane  
Madison, WI 53704

ANG 9/2010