



American Needlepoint Guild, Inc. National Membership Form

Please check one: New Member
 Renewing Member: _____

Date: _____

Name: _____
First M.I. Last

Primary Chapter: _____ or Member-at-Large

Mailing Address: _____
Street or PO Box

_____ City State/Province Zip/Postal Code

_____ Country (if other than USA)

(_____) _____ (_____) _____
Daytime Phone Evening Phone

_____ Email Address

Annual Membership Dues:

- Residents of U.S.....\$45.00
- Canada & Mexico Residents.....\$57.00
- With Airmail Shipping.....\$65.00
- Residents of All Other Countries.....\$65.00
- With Airmail Shipping.....\$75.00

Life Membership (available for a one-time fee):

- Residents of U.S.....\$2,000.00
- Residents of All Other Countries.....\$2,200.00

Payment Amount Enclosed: \$ _____

This form is valid through December 31, 2017. Please contact the ANG Office for an updated form after that date.

Payment:

Method (check one)

- Check (made payable to ANG; U.S. funds only)
- Visa/MasterCard (Exp. Date: _____)

Card # _____

Signature _____

Please send this completed form and payment to:

ANG

2424 American Lane
Madison, WI 53704-3102

Credit card users may fax this form to
608-443-2474

Questions? Please call 608 443-2476

Check the box if you would like to receive electronic ANG correspondence such as our E-Newsletter, Renewal Statements, Voting Ballots, Member Updates, Seminar Information, and Encore! Announcements.

ANG, Inc. may share your contact information within our organization only for the purposes of chapter formation, chapter recruitment, and for membership verification. Your contact information will not be shared, sold or disclosed to any party outside of ANG, Inc. in any form, for any purposes, at any time.