



# American Needlepoint Guild, Inc.

## National Membership Invoice

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

\_\_\_\_\_ E-mail Address

### Annual Membership Dues:

- Residents of U.S. .... \$45.00
- Canada and 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 the 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; US funds only)  
 Visa/Mastercard (Ex. Date: \_\_\_\_\_)  
Card # \_\_\_\_\_  
Signature \_\_\_\_\_

Please send this completed form and payment to:

**ANG**  
2424 American  
Madison, WI 53704

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

Questions? Please call 608-443-2476

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. If you do not want your information shared with ANG chapters please check here.  Check here if you do not want your information to be shared in this manner.