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

Membership Dues:

Residents of U.S.(1 y r)	$45.00
2 Year Membership	$90.00
5 Year Membership	$225.00
10 year Membership	$450.00
Canada & Mexico Residents(1 y r)	$57.00
2 Year Membership	$114.00
5 Year Membership	$285.00
10 year Membership	$570.00
Add $8 per year for Airmail Shipping	
Residents of All Other Countries	$65.00
2 Year Membership	$130.00
5 Year Membership	$325.00
10 year Membership	$650.00
Add $10 per year for Airmail Shipping	

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

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

*$1500 of Life Patron Membership dues are tax deductible for US residents.

Payment Amount Enclosed: ..... $_____

Payment: Method (check one)

❒ Check (made payable to American Needlepoint Guild, Inc. ; U.S. funds only)

❒ AMEX/Discover/Visa/MasterCard
(Exp. Date:_____)

Card #_____CVV#_____

Signature_____

Please send this completed form and payment to:

ANG
1120 Route 73 #200
Mount Laurel, NJ 08054-5113
Credit card users may fax this form to 856.439.0525

Questions? Please call 856.380.6911

❒ Check this box if you do not want 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.