



NATIONAL ACADEMY OF NEEDLEARTS

Membership Application

First Name:	Last Name:
Street Address:	
City, State (or Province):	
Country:	Zip Code:
Day Phone:	Evening Phone:
Email Address:	
Where did you learn about the NAN website?	
Membership Level: ____ Friend of NAN Donation of \$30.00 or more ____ Associate Member \$30.00 ____ Graduate Member \$40.00 ____ Life Member \$575.00	
Payment Method: ____ Check ____ MasterCard ____ Visa Number: _____ Expiration Date: _____ Signature: _____	

Payments must be in US dollars drawn on a US bank, or in international postal money orders in US dollars. Mail the completed application form and your payment to:

National Academy of Needlearts
Dawn Donnelly, Membership
52806 Stags Ridge
Macomb MI 48042