



NATIONAL ACADEMY OF NEEDLEARTS

Membership Application

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|---|-----------------------|
| 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: _____ Security Code _____ 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