

Membership Application Form

Please fax or mail back to us.

Japanese Embroidery Center

2727 Spalding Dr., Dunwoody, GA 30350-4623

Ph. (770) 390-0617 Fax (770) 512-7837

Email: info@japaneseembroidery.com

Web: www.japaneseembroidery.com

Membership to the Japanese Embroidery Center entitles you to:

- *Nuido*, Japanese Embroidery Journal, published quarterly.
- Notification of class schedules.
- Priority registration for classes.
- Invitations to preview exhibitions.
- 10% discount on most embroidery materials.
- Invitation to our free classes (Open Classroom).

Please enroll me as a member of the Japanese Embroidery Center as a

Status	Annual dues	Status	Annual dues	Status	Annual dues
<input type="checkbox"/> Friend (US)	\$40.00	<input type="checkbox"/> Family	\$50.00	<input type="checkbox"/> Sustainer	\$100.00
<input type="checkbox"/> Friend (Int'l)	\$45.00	<input type="checkbox"/> Patron	\$75.00	<input type="checkbox"/> Benefactor	\$500.00
				<input type="checkbox"/> Other	_____

for

ONE YEAR TWO YEARS (× above) THREE YEARS (× above)

Please note that the difference between Friend and Family amount is tax deductible, and that all amounts Patron and above are tax deductible over \$40.00 annually for US members, and \$45.00 annually for International members, per single-year membership.

Please subscribe me to JEC's Automatic Membership Renewal System, whereby my membership will be renewed automatically upon expiration by charging my filed credit card.*

* Members whose current membership does not expire 12/31 of a particular year will have their first automatic charge consist of a prorated amount covering the remainder of the present year, from the current date of expiration up to 12/31/xx. Thereafter, members will be charged the checked amount above in December of each year for the following year's full membership, based upon new 12/31 expiration date. To stop this charge send a written notice postmarked no later than 12/1 of each year.

Date _____

Name _____, _____ Phone _____
LAST FIRST

Address _____

Suburb* _____ City _____

State/Province _____ Zip/Post Code _____

Country _____

Email _____

* International customers only.

Payment enclosed: check Visa MC Discover

CC# _____ Expiration _____

Signature _____ New Membership Renewal