

Omaha Needle Artists, EGA
Application for Membership

Name: _____

Address/Apt.: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

Birth date (mo/day): _____

How did you hear about us? _____

Please mail check for \$40.00 made payable to Omaha Needle Artists, EGA to:
Deanna Marshall
15606 North 2nd Street
Bennington, NE 68007
Phone: (402) 238-2981 or visit website: www.orgsites.com/ne/omahaneedleartists

Omaha Needle Artists, EGA
Application for Membership

Name: _____

Address/Apt.: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

Birth date (mo/day): _____

How did you hear about us? _____

Please mail check for \$40.00 made payable to Omaha Needle Artists, EGA to:
Deanna Marshall
15606 North 2nd Street
Bennington, NE 68007
Phone: (402) 238-2981 or visit website: www.orgsites.com/ne/omahaneedleartists