



Membership Application

*Annual dues are \$35.00. Membership year is September 1 to August 31 of the following year.
Please make your check payable to The COLLEAGUES OF CALLIGRAPHY and mail to:*

COLLEAGUES OF CALLIGRAPHY
c/o MEMBERSHIP
12755 - 103rd ST. N
STILLWATER, MN 55082-9611

New Renewal

Please print clearly.

Name: _____

Address: _____ City: _____

State/Province: _____ Country _____ Zip+4 _____

Phone: Home _____ Work _____ Cell _____ Fax _____

E-mail address _____

Web Site URL: _____

Birthday (month & date only) _____

All of the above information will appear in the membership roster unless you indicate otherwise.

Please deliver the *SIGNET* newsletter by: E-mail US mail

We value your participation! Please indicate your choice(s) for involvement and volunteering.

- | | |
|--|---|
| <input type="checkbox"/> Administration Services | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Programs/Workshops | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Ways and Means |
| <input type="checkbox"/> Send Birthday Cards | <input type="checkbox"/> Other _____ |

How did you hear about the Colleagues? _____

Do you teach calligraphy, have a calligraphy business or a calligraphy related business?
Please describe _____

