



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
P. O. Box 4024
St. Paul, MN 55104-0024

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.

Due to increased publishing and mailing costs it is preferred that members receive the full color Signet newsletter via email. US mail copies are black and white.

Please deliver the SIGNET newsletter by: [] E-mail [] US mail

We value your input. Please check all that apply.

- Interested in beginning classes
Have some calligraphic experience
Interested in private instruction
Interested in on-going classes
I am a professional calligrapher
I teach calligraphy
Interested in volunteering
Other

How did you hear about the Colleagues? _____