



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
7500 Highway 7, No. 365
St. Louis Park, MN 55426

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 input. Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Interested in beginning classes | <input type="checkbox"/> I am a professional calligrapher |
| <input type="checkbox"/> Have some calligraphic experience | <input type="checkbox"/> I teach calligraphy |
| <input type="checkbox"/> Interested in private instruction | <input type="checkbox"/> Interested in volunteering |
| <input type="checkbox"/> Interested in ongoing classes | <input type="checkbox"/> Other _____ |

How did you hear about the Colleagues? _____

