



2019-2020 MEMBERSHIP AND RENEWAL FORM

YOUR FORM AND PAYMENT MUST **MUST BE RECEIVED BY JULY 1** FOR YOU TO BE LISTED IN THE GUILD DIRECTORY. MEMBERSHIP YEAR IS JULY 1 TO JUNE 30.

NAME _____

CELL PHONE _____

ADDRESS _____

HOME PHONE _____

BUSINESS PHONE _____

EMAIL _____

BIRTHDAY MO/DAY _____

I DO NOT HAVE AN EMAIL ACCOUNT _____

INDIVIDUAL MEMBERSHIP _____ \$30

FAMILY MEMBERSHIP _____ \$35 (ALL INDIVIDUALS RESIDING AT SAME ADDRESS)

SUSTAINING MEMBERSHIP _____ \$50 OR MORE

DONATIONS OVER \$30 (\$35 FOR FAMILY MEMBERSHIP) ARE TAX DEDUCTIBLE

PLEASE MAIL THIS FORM, WITH YOUR CHECK **PAYABLE TO PACIFIC SCRIBES**, TO:

PACIFIC SCRIBES MEMBERSHIP
P.O. BOX 3392, SANTA CLARA, CA 95054

_____ I TEACH CALLIGRAPHY (PLEASE PROVIDE DETAILS ON REVERSE)

_____ I HAVE A CALLIGRAPHY BUSINESS

BUSINESS NAME _____

BUSINESS PHONE _____

WEB ADDRESS _____

I AM INTERESTED IN ASSISTING WITH THE FOLLOWING:

_____ EXHIBITS

_____ PHOTOGRAPHY AT EVENTS

_____ OUTREACH

_____ EVENT PLANNING

_____ MAILINGS

_____ EVENT REFRESHMENTS

_____ NEWSLETTER

_____ EVENT SET UP/CLEAN UP

_____ DESIGNING FLYERS

_____ HOST A WORKSHOP INSTRUCTOR

_____ PLANNING GENERAL MEETINGS

_____ ORGANIZING WORKSHOPS

For PS use only

Received _____

Check No _____

Check Date _____

Amount _____