

Pacific Scribes Guild Membership Application

(Membership is effective from July 1 through June 30 of each year.)

Please print out the form, fill it out and then mail with your check to:

PACIFIC SCRIBES
PO Box 3392
Santa Clara, CA 95055

First Name:	Last Name:
Street Address:	City:
State:	Zip:
Home Phone:	Work Phone:
Cell Phone:	Fax:
E-mail:	Birthday: <i>Month/Day</i>
Website:	

Do you teach Calligraphy?

If yes, please describe

**Do you have a calligraphy, or
calligraphy-related, business?**

If yes, please describe.

Type of Membership: General \$30
 Family \$35
 Sustaining \$50