

SAN DIEGO FELLOW CALLIGRAPHERS



SINCE 1978

Membership Form 2016-2017

Annual Membership runs from July 1 to June 30 of the following calendar year. Dues must be received by August 1 in order to be included in the Annual Membership Directory. **Please make your check payable to SDFC** and mail to:

SDFC
P. O. Box 500911
San Diego CA 92150-0911

Please print clearly. No information, including your e-mail address, will be sold or given to an outside entity. Information will only be used to facilitate communication among SDFC members and to inform you of news and events.

Member information

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Cell: _____

E-mail: _____ Birthday (month & day) _____

Website: _____

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

Only publish the following: _____

Do not publish any information.

Additional information

I teach calligraphy: _____ I teach: _____

<u>Membership Type</u>	<u>Annual Dues</u>
<input type="checkbox"/> Patron	\$100 or more
<input type="checkbox"/> Supporting member	\$ 60 or more
<input type="checkbox"/> New member	\$ 40
<input type="checkbox"/> Renewal	\$ 40
<input type="checkbox"/> Student (full time)	\$ 20

I am interested in volunteering for:	
<input type="checkbox"/> Membership	<input type="checkbox"/> Envelope
<input type="checkbox"/> Publicity	<input type="checkbox"/> addressing party
<input type="checkbox"/> Workshops	<input type="checkbox"/> Holiday Tea
<input type="checkbox"/> Library	<input type="checkbox"/> Refreshments
<input type="checkbox"/> Programs	<input type="checkbox"/> Other: _____