## SAN ANTONIO CALLIGRAPHERS' GUILD

2017-18 Membership Form



NAME:	*New Member
ADDRESS:	Renewing Member
CITY:	STATE: ZIP:
HOME	CELL
PHONE:	PHONE:
E-MAIL:	BIRTHDAY: (Month)(Day)

I would like to help on one or more of the committees I've checked below:

Awards and Memorials	Exhibits	Hosp	oitality	Mentoring	Publicity	
Door Prize	Fundraising	L	ibrary	Mini Workshops	Saturday Specials	
Early Bird Specials	Greeting	Major Work	shops	Newsletter	Secret Pal	
Envelope Exchanges	Historian	Memb	ership	Photography	Website	
Other knowledge/intere	ests you would be willing t	o share with the Gui	ld:			

\*New Member Information (to be filled out by new members):

Welcome! We are so glad you joined! New members come from many diverse interests and art backgrounds. Please share yours with the Guild by answering the following questions:

What do you hope to get from the Guild? \_\_\_\_\_\_

Would you be interested in taking a (no-cost) New Member Orientation class?

How did you hear about us? \_\_\_\_\_\_

**Payment Information** (to be filled out by Membership Committee Chair):

PMN'T Rec'd:	Payment Method: Cash PayPal Check # Check Date
	Membership Dues:
	Additional amount donated to the Education Fund:
PMN'T to Treas.:	Additional amount donated to the Scholarship Fund:
	Total Payment Received: