

## Membership Registration / Renewal Form

## Annual Membership is from June 1st through May 31st.

NAME:				Date:
Renewing Members please	indicate if your contact	information has changed	l: No	Yes
MAILING ADDRESS:				
CITY:		STATE	B:	ZIP:
EMAIL:		BIRTHDAY	(Month/Da	y)
PHONE: Home:	Cell:	othe	er:	
Calligraphy business:				
How did you hear about us?	Friend Internet	Other (describe)		
Annual dues:	\$15 - Student Memb	g Standard membersh pership - for full time hi	igh school and	
	School At	tending:		
Individual's Right to Privacy	/ <b>:</b>			
Yes, I agree to have my NCG Membership Directory. I				able only to paid members in the
Please do NOT publish th	e following in the Mem	bership Directory:		
Name A	Address Phone	E-mail address		
Newsletter: Please choose how you prefer	to receive the newsletter	r by checking the approp	riate box bel	low:
By email. My em By U.S. mail	ail address is:			
Volunteer Opportunities: Our Guild is run 100% by volu interested in participating in or			check any a	reas below that you might be
☐ Communications ☐ Community Outreach ☐ Event Planning ☐ Exhibits – general suppor ☐ Graphic Design ☐ Library	☐ Member ☐ Newslet ☐ Progra	etter ms hments & Hospitality		Scribehaven Vebsite Vorkshops Other (Please list):
Please return this form with	Nashville c/o Memb PO Box 4	e Calligraphers Guild bership		

Or come to a Guild Meeting and pay by cash or check. Questions? Email Sharon Shirley at <a href="mailto:sharonintenn@gmail.com">sharonintenn@gmail.com</a>.