

# Membership Form

**Current members** needing to change personal information for the roster: Either mail or email the changes to the membership chair.

**To join** the guild, please fill out the form below and mail with \$20 dues to:

Capital Calligraphers  
Attention: Membership Chair  
PO Box 2294  
Salem OR 97308-2294

Name \_\_\_\_\_

Address \_\_\_\_\_

State/City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Birthday (month and day only) \_\_\_\_\_