

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 \$25 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) _____