



JULY 1– JUNE 30
MEMBERSHIP AND RENEWAL

THIS FORM AND PAYMENT **MUST BE RECEIVED BY JUNE 30th** TO BE LISTED IN THE DIRECTORY.

Check the box next to any information you do **NOT** want in the Directory.

NAME _____ CELL PHONE _____

ADDRESS _____ HOME PHONE _____

_____ BUSINESS PHONE _____

_____ EMAIL _____

BIRTHDAY MONTH AND DAY _____ I DO NOT HAVE AN EMAIL ACCOUNT _____

I AM INTERESTED IN ASSISTING WITH THE FOLLOWING:

_____ EXHIBITS	_____ PHOTOGRAPHY AT EVENTS
_____ OUTREACH	_____ EVENT PLANNING
_____ MAILINGS	_____ EVENT REFRESHMENTS
_____ NEWSLETTER	_____ EVENT SET UP/CLEAN UP
_____ DESIGNING FLYERS	_____ HOST A WORKSHOP INSTRUCTOR
_____ PLANNING GENERAL MEETINGS	_____ ORGANIZING WORKSHOPS

_____ I TEACH CALLIGRAPHY (PROVIDE DETAILS ON REVERSE) _____ I HAVE A CALLIGRAPHY BUSINESS

BUSINESS NAME _____

BUSINESS PHONE _____

WEB ADDRESS _____

INDIVIDUAL Membership _____ **\$35**

FAMILY Membership _____ **\$40** ALL INDIVIDUALS RESIDING AT SAME ADDRESS

SUSTAINING Membership _____ **\$55** INCLUDES DONATION OF \$20 OVER INDIVIDUAL OR \$15 OVER FAMILY

ADDITIONAL DONATION _____

PACIFIC SCRIBES is a 501(c)(3) - EIN: 77-0076633 - Charitable donations are tax deductible.

MAKE CHECK PAYABLE TO: PACIFIC SCRIBES

Mail to: PACIFIC SCRIBES MEMBERSHIP

c/o Barbara Gooding, 295 Pettis Ave., Mountain View, CA 94041

For PS use only

Rec Date: _____ Check No _____ Check Date _____ Amount _____