

# MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

FAX \_\_\_\_\_

E-Mail \_\_\_\_\_

*If you would like to receive a  
Birthday Greeting  
from the guild, please provide  
your month and day of birth.*

Month \_\_\_\_\_ Day \_\_\_\_\_

Annual dues are for the Fiscal Year  
July 1 through June 30. They cannot be prorated.

- Full Membership                      \$25
- Associate Membership                \$10
- Student Membership                  \$10
- Supporting Membership              \$40
- Business Membership                 \$50

*Please select the membership you choose  
and make check payable to:  
**Coastal Calligraphers Guild***

You may mail your check  
and the completed application form to:

**Coastal Calligraphers Guild  
P.O. Box 48216  
Sarasota, FL 34230-5216**

# MEMBERSHIP APPLICATION

continued from other side

Please list any other Calligraphic/Related Arts Guild Memberships: \_\_\_\_\_  
\_\_\_\_\_

- If you DO NOT want your address given out to art-related suppliers.
- If you DO NOT want your name published in any of the Coastal Calligraphers Guild publications.

Please check the following to help us better prepare for the membership workshops:

- Beginner
- Intermediate
- Advanced
- Professional

## Alphabet styles you have studied:

- Basic Italic
- Hebrew
- Blackletter
- Modern Roman
- Carolingian
- Neuland
- Chancery Italic
- Pointed Brush
- Copperplate
- Roman Caps
- Flat Brush
- Spencerian
- Formal Italic
- Uncial
- Foundational
- Versals
- Gothicized Italic
- Other: \_\_\_\_\_

What is/are your calligraphic area(s) of expertise?  
\_\_\_\_\_

Would you be willing to teach any of the above?

- Yes  No If so, which one(s)?  
\_\_\_\_\_

Would you be willing to teach any of the related arts/crafts?  Yes  No If so, which one(s)?  
\_\_\_\_\_

Are you interested in becoming an officer or committee chairperson?  Yes  No

If so, which one(s)? \_\_\_\_\_