

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)? _____