

FRIENDS OF CALLIGRAPHY MEMBERSHIP FORM

FOC use only			
Check			
Date			
Amt			

The membership year runs from July 1, 2025 to June 30, 2026

Name:		Please indicate cell (c), home (h), work (w)		
Address:		Phone:		
	 -			
LEGIBILITY IS APPRECIATED		 Email:		
		Web:		
Please indicate "DNP" (do not publisi	h) next to any ph	oone number(s) or email you want lef	t out of our directory.	
There are six classes of membership:		☐ Regular	\$40	
		Household (2 people, 1 address)		
		Student (full time, verified)	\$25	
☐ Please indicate if membership is a gift. Fill in information above for giftee.		☐ Supporting	\$65	
		Sustaining	\$125	
		Patron	\$500 and up	
		Additional donation	\$	
Amounts over \$40 (over \$45 for Heare U.S. tax deductible. Members outside the US: For mail: Please mail this form, with your cl	ing, please add:		dress listed.	
Memberships, Friends of Callig c/o Meredith Jane Klein 707 Spokane Avenue Albany, CA 94706	graphy			
OR, pay by credit card or PayPal or photograph it or fill in the PDF, and			your form. Scan or	
☐ Check here if you would prefer	to receive fut	ure renewal notices by email inst	tead of US mail.	
Volunteers are vital! Please chec	ck the boxes b	oelow if you can, or would like	to, help with:	
☐ Proofreading	☐ Social Med☐ Refreshmer☐	nts 🔲 Providing lodg	shop locations ging for instructors	
☐ Mail crew	☐ Event set-up ☐ Ad hoc: helping Council, committees, event coordinators ☐ Other			

Calligraphy Referral Database

Occasionally FOC receives a request for a calligrapher to do a job, such as envelopes, invitations or certificates. If you would like to be included in FOC's member referral database, please go to the JOIN page on our site (www.friendsofcalligraphy.org/pages/join.html), complete the pdf calligraphy referral form and submit it as directed. This information will not be published.