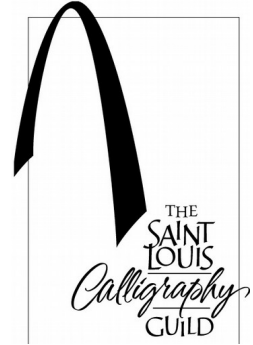


I WOULD LIKE TO JOIN THE GUILD

Please send this completed registration form along with your check, payable to the St. Louis Calligraphy Guild, to:
Barb Reed, Treasurer, 5733 Lindenwood Avenue, Saint Louis, MO 63109-1549



REGISTRATION FORM

___ \$25 Regular

\$_____ Patron (membership plus donation)

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE: HOME () _____

WORK () _____

CELL () _____

FAX () _____

EMAIL _____

BIRTHDAY: (Month/Day only) _____

IDEAS FOR FUTURE WORKSHOPS OR MEETINGS:

COMMITTEES/PROJECTS YOU MIGHT LIKE TO HELP ON:

