



MEMBERSHIP FORM 2023-2024

Name _____ Email _____

Address _____

City _____ Province / State _____

Postal / Zip Code _____ Phone Number _____

Website _____ Year Joined _____

Calligraphic Interests _____ NEW MEMBER

I would like to volunteer: Executive Committees Programs Events

Other please list _____

Please initial appropriate section:

- Permission to print details in the Membership Roster.
- Permission to use my name and image in the newsletter, email bulletins and social media to promote Fairbank Calligraphy Society activities.
- Permission to use my name, calligraphy and art images in the newsletter, email bulletins, calendar and social media to promote Fairbank Calligraphy Society activities.
- Optional: I would like to donate \$_____ to the Fairbank Calligraphy Society to support programs and events that benefit the members.

By signing below, I verify that I have read and grant permission to the boxes initialled above.

Member's Signature _____

Annual Dues \$45.00 Canadian members, \$50 Canadian for US address and \$55 Canadian for Overseas address. Student Rate: \$30.00 Canadian. Membership year Sept.1, 2023 to Aug 31, 2024.

Please email completed form AND E-transfer membership fee to: fairbanktreasurer@gmail.com
Security question: What is Fairbank's first name? Answer: Alfred

OR fill out the form clearly and attach with your cheque payable to: **Fairbank Calligraphy Society**, PO Box 35026 Hillside, Victoria, BC V8T 5G2.