



MEMBERSHIP FORM 2024-2025

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, 2024 to Aug 31, 2025.

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.