

**HAMILTON CALLIGRAPHY GUILD MEMBERSHIP  
RENEWAL AND NEW MEMBER FORM**

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_ **E-mail** \_\_\_\_\_

*Returning Guild member, please indicate if the above information is new: Yes / No*

*Individual's Right to Privacy:* I agree to have my name, address, phone number(s) and e-mail address available to all members in the Guild Membership Directory. This information will be used only within the Guild.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enclose a \$25 cheque made out to "**Hamilton Calligraphy Guild**" and forward to **Aline Chan, 87 East Tree Drive, Breslau, ON N0B 1M0**. [alinchan@rogers.com](mailto:alinchan@rogers.com) (remove spaces). Membership cards will be mailed as necessary.