

Masscribes Membership Form

Please print out this form, complete it and mail with your check for \$25 to:
Masscribes, Inc. P.O. Box 67132, Chestnut Hill, MA 02467

___ I would like to join Masscribes, Inc. and start receiving my subscription to Inkspots, and be eligible for discounts on Masscribes workshops. Membership also allows me to take advantage of both the on-line referral list "I Need A Calligrapher" and the telephone referral list. I understand that memberships run from January first through December thirty-first.

___ I am a new member

___ I am renewing my membership Date: _____

Name: _____

Address: _____

Phone: _____

Email Address*: _____

*Masscribes emails news, workshop updates, program reminders and bad weather cancellations to the people on the list.

___ Masscribes prints an annual membership directory. If you DO NOT want to be in the directory please check here.

___ I would like to be listed on the web site referral list. I will email my name, email and website addresses and a brief (no more than 25 word) description to cindy@cindydegrange.com.

___ I would like to be added to the phone referral list. Please use the phone number listed above.
Check all that apply: ___ Will accept rush jobs ___ Copperplate ___ Will address envelopes ___
Brush Lettering ___ Wedding Invitations ___ Seating Charts

Masscribes is run by volunteers and we need your help. For information on volunteer opportunities email jane@janeparilloscribe.com.

___ I would like to make a tax-free donation to Masscribes, Inc scholarship fund. Scholarships are available to members for continuing education. I have enclosed \$_____ with my membership. For information on scholarships please email jane@janeparilloscribe.com