



IDAHO INKSPOTS MEMBERSHIP FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTHDAY _____ (month and day only)

E-MAIL _____ PHONE NUMBER _____

Make your check payable to "Idaho Inkspots Calligraphy Guild"

SEND FORM WITH PAYMENT OF \$20 TO:

Idaho Inkspots c/o Karen Cook

5499 Toppenish Place

Boise, Idaho 83709