



KYTHERIAN SOCIETY OF CALIFORNIA

MEMBERSHIP APPLICATION

Annual Membership Dues \$30.00 per person			
Name:			\$
Spouse Name:			\$
Address:			
City:		State:	Zip:
Email:			
Spouse Email:			
Phone:		Cell Phone:	
Date:			TOTAL ENCLOSED: \$

Please remit checks to:
Katherine Alfieris Stathis, 1478 Calais, Livermore, CA 94550, 925-443-7153
Thank you!