

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 ENCLO	\$	

Please make checks payable to the *Kytherian Society of California* and remit to:

Tessie Calligeros, P.O. Box 370310, Montara, CA 94037 Thank you!