



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 Stathis, 1478 Calais, Livermore, CA 94450, 925-443-7153
Thank you!