

MEMBERSHIP FORM

Thank you for your interest in the Chado Association of Philadelphia! Please complete this form and mail it to the address at the bottom of the page with your payment.

NAME: _____

ADDRESS: _____

CONTACT PHONE NUMBER: _____
(Will be used for emergency purposes only)

E-MAIL ADDRESS: _____

Please send news and invitations:

By postal mail By e-mail Both Don't send me mail

Membership Type:

- Regular Member (\$25) - For those actively practicing chado
- Associate Member (\$15) - For those interested in tea
- Student (\$15) - For full-time students
- Household (\$35)
- Institutional (\$50)

Please send this form, along with your payment, to:

Chado Association of Philadelphia
P.O. Box 503
Drexel Hill, PA 19026

If you would like to pay by credit card, you can do so through our website, www.phillytea.org.