## Fallbrook Art Association Membership Application / Renewal

## For period January 1 through December 31 Please PRINT all entries

*First Name	*Last Name	
*Address	*City	*Zip
*Phone	*Email	Website
*Required information Please circle any information of membership(s)	ation above you DO NOT want p	oublished in our directory. Please check type
	37.50 <u>July 1 or after NEW</u> 50 <u>July 1 or after NEW ME</u>	
(2 adults and depe Student \$ 10	ndent children under 21 living	at the same address)
(FAA Membership req' Gallery Membership allows	•	275 / Fam \$95 + Gallery \$200 each) nonth for 10 months for a savings of \$100 (3
Patron (Min \$100) Favorite Medium(s)	) \$	
Signature		Date
I paid electronically onlin	ne and I checked my membership o	choice above.
	r check and I checked my member	•
	Please make out check to: Fallb Mail to: FAA, P.O. Box 382, Fallb	
	VOLUNTEER SE	
<b>FALLBROOK</b>	PLEASE CONS	
ARTISTS ASSOCIATION	TO HELP IN ANY WAY	YOU CAN
Art Programs W	ng the gallery) IT Accou orkshops Fundraising E S Audio-Visual Handym	Events
Google Workspace	(FORMS, DOCS).	
Other:		9/26/2023 KJ