Fallbrook Art Association Membership Application / Renewal

For period January 1 through December 31 Please PRINT all entries

*First Name	*Last Name				
*Address	*City		*Zip		
	*Email	Website			
*Required information	nation above you DO NOT u	ant mublished in our	directory Diagon chook from		
of membership(s)	nation above you DO NOT w	ant published in our	directory. Please check type		
Individual \$75					
Family \$95 (2 ad Student \$10	ults and independant child	ren under 21 living	at the same address)		
Gallery Member	ship \$200 each membe	r (Tax Deductible)		
*Gallery Membership allo	q'd: Ind \$75 + Gallery \$200 bws a member to enter 3 pieces th X 10 months = \$300, less \$200	s per month for 10 mor	on the for a savings of \$100 (3		
Patron (Min \$100	O) \$				
Signature	 	Date			
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am paying with a pap	er check and I checked my me Please make out check to: F	•			
	Mail to: FAA, P.O. Box 382,				
	VOLUNTEER				
FALLBROOK ARTISTS ASSOCIATION	PLEASE CO TO HELP IN ANY	ONSIDER	EGALLERY FALLBROOK ARTISTS ASSOCIATION FOR ALL ARTISTS		
Art Programs Children's Program	ting the gallery) IT IT III III III III III III III III	sing Events	•		
	e (FORMS, DOCS).				
Other:		0/00/000	0 1/ 1		