



NEW MEMBERSHIP APPLICATION

(please print clearly)

FEDERATION OFFICE
1241 Cartwright Street
Vancouver, BC Canada
V6H 4B7

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fcagallery@artists.ca
www.artists.ca

Mr. Mrs. Ms. First Name: _____ Last Name: _____

Suite # _____ Street Address _____

City _____ Province _____ Postal code _____ Country _____

Home # _____ Work # _____ Fax # _____

E-mail: _____ Chapter Affiliation, if any: _____
print in upper and lower case as it would be typed

PAYMENT

Annual Fee for Supporting Membership is **\$50.00**.

If it is **January to September**, pay **\$50.00** for the rest of the year.

If it is **October to December**, pay only **\$50.00** for the remainder of the year and the subsequent year.

Date paid _____ Amount paid _____

cheque cash please charge my credit card: card type _____

Card # _____ Expiration date _____

I am interested in volunteering to help the FCA with:

(gallery assistant, stuffing envelopes, hosting, hanging shows, shipping, etc.)

I would prefer to volunteer on a regular basis on call on call, occasional