



# NEW MEMBERSHIP APPLICATION

(please print clearly)

**FEDERATION OFFICE**

1241 Cartwright Street  
Vancouver, BC Canada  
V6H 4B7

fcaoffice@artists.ca  
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**.

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