



FVAA

2008 MEMBERSHIP FORM

Fairfield Visual Arts Association
4160 Suisun Valley Road #E, Box 342
Fairfield, California 94534-4018

707.428.0400
fairfieldvisualarts.org

2008 MEMBERSHIP FORM

Name _____
Address _____
City _____ State _____ Zip _____
Phone(Home) _____ (Work) _____
Phone(Cell) _____ EMail _____

Membership Categories and Fees (Please Check One)

Artist \$50 Student(Full-Time, maximum age 25) \$20 Family \$70
 Donor \$50 - \$500 Sponsor \$501 - \$999 Patron \$10,000+

How would you like to volunteer?

Juried Art Show Membership Children's Workshops
 Art on the Vine Gallery (Docent/Exhibits) Grants/Fundraising
 Communications (Newsletter/Publicity/Web Site) Other

Method of Payment

Check or Money Order enclosed in the amount of \$_____, made payable to the Fairfield Visual Arts Association (FVAA)

Charge my Credit Card: VISA MasterCard
Credit Card Number _____ Expiration Date _____

Signature

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Receipt

THANK YOU for your donation in the amount of \$ _____

FVAA Tax I.D. #68-0486845