



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**, however, if you are **joining** partway through the year, you only need to pay for the remainder of the year. Your payment will depend on the date you are joining.

If it is **January, February or March**, pay **\$40.00** for the rest of the year.

If it is **April, May or June**, pay **\$30.00** for the rest of the year.

If it is **July, August or September**, pay only **\$20.00** for the rest of the year.

If it is **October, November or December**, pay **\$50.00** for the rest of this year and all of the next 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