

The Fine Arts Society of Milton

MEMBERSHIP APPLICATION

For the period covering January 1 to December 31

Please Print

NAME: _____

MAILING ADDRESS: _____

PHONE #: _____ # street city postal code

E-MAIL : _____

WEB ADDRESS (if applicable): _____

TYPE OF MEMBERSHIP: New Member Renewal
 Adult - \$35 Student (full time) - \$25 Senior (pension) - \$25 *Family - \$50 Associate- \$35
(associate is a patron/supporter)

*Names of Additional Members for Family Membership (*must reside at above address*):

Notice to New and Renewing Members: FASM Website Gallery Options:

- ❖ As a member of FASM we invite you to submit 5 images to the Members' Gallery at no cost.
- ❖ You may also post a portfolio of your work (up to 10 images) for 1 year for a fee of \$35.
- ❖ Renewal of the portfolio option with no changes the fee is \$15 in addition to your Annual Membership renewal fee.
- ❖ Renewing your portfolio with changes, the fee is \$35 plus the annual fee.

Please e-mail your image(s) and contact information, e-mail address, links, etc. to fasminfo@gmail.com

We have many events and opportunities for our members to meet with their peers, to increase their skill levels, to benefit from other artists' knowledge, and to experience and generally enhance their love of art. (We welcome non-artists to join FASM as well and participate in the "behind the scenes" activities.)

Please indicate which of the following you would be interested in taking part:

- Art Shows Paint-ins Paint-outs Art Lectures
 Workshops Gallery Visits Open Studio Days Tours

Volunteering is an integral part of our organization, without which we could not exist and provide the many enjoyable events and activities. Please indicate the activities you can assist with:

- Events and Shows Workshops Executive Position Telephone Communications
 Public Relations Open Studio Days Social Gatherings Technological Needs
 Studio Tour Tasks Administrative Duties Assisting in GALLERY Other:

Membership Agreement:

I agree to support the goals of The Fine Arts Society of Milton and to abide by the decisions made by the Board of Executives and General Membership. I acknowledge that this application for membership, if received after the Oct. 15 will be applied to Nov, Dec and the following calendar year up to Dec. 31st.

Signature: _____

Date: _____

Mail this form with payment to:
FASM P.O. Box 23067 Stn. Main, Milton, ON L9T 5B4

Office Use Only:	<input type="checkbox"/> Card	<input type="checkbox"/> Welcome Letter	<input type="checkbox"/> Fee to Treasurer	<input type="checkbox"/> Database	
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