



Fredericton Society of Artists

FSA Membership Form

Please bring this completed form and membership dues to the first General Meeting in September. All memberships must be submitted by November 30. Welcome to the Fredericton Society of Artists!

PLEASE PRINT:

Surname: _____ First Name: _____

Address: _____ Postal Code: _____

Telephone: _____ Cell: _____

Email Address: _____

Year First Joined FSA: _____ Preferred Medium: _____

FSA Activity Sub-Committee: _____

Please Note:

The Fredericton Society of Artists does not rent or sell the names of its members to any organization or advertiser. HOWEVER, on occasion the FSA must prepare and publish material that lists members' names, addresses, phone and email addresses. This is to advise members of exhibits, workshops, services and/or activities being offered by other organizations and the FSA. Most members appreciate such special services and information to fully participate in all of the activities of the FSA.

Please indicate your preference for this procedure:

I consent () I do not consent () to my personal information being published.

Signature: _____ Date: _____

Membership within the FSA carries with it the expectation that members will assist with organized activities and events when requested.

Membership Fee \$30

Cheque #

Cash

Receipt Needed