

FSA Membership Form

Welcome to the Fredericton Society of Artists! Please bring this completed form and membership dues to the first General Meeting in September. New members are accepted at any point in the year; however, all memberships are to renew in September each year.

PLEASE PRINT:			
Surname:	First Name:		
Address:		Postal Code:	
Telephone:	Cell:		
Email Address:			
Year First Joined FSA: Preferred Mediu	ım:		
FSA Activity Sub-Committee:			
Please Note: The Fredericton Society of Artists does not rent of advertiser. HOWEVER, on occasion the FSA must planes, addresses, phone and email addresses. The services and/or activities being offered by other consuch special services and information to fully part Please indicate your preference for this procedure I consent () I do not consent () to my person	prepare and nis is to advisorganizations icipate in all	publish material that I se members of exhibits and the FSA. Most me of the activities of the	lists members' s, workshops, embers appreciate
Signature:	D	ate:	
FSA is a volunteer body and membership within c with organized activities and events when reques		the expectation that i	members will assist
Membership Fee \$40 Cheque C	Cash	E-Transfer	Receipt?