



MEMBERSHIP FORM

- Yes, I would like to join as an **Individual \$1,000**
- Yes, I would like to join as a **Fast Track (3 Year), \$500, \$750, \$1,000**
- Yes, I would like to join as an **Associate Member \$500**

Name: _____
(Please Print)

Home Address: _____ (Please use this as the mailing address)

City: _____ State: _____ Zip: _____

Business Address: _____ (Please use this as the mailing address)

City: _____ State: _____ Zip: _____

Home Telephone: _____

Home Fax: _____

E-mail: _____

Business Telephone: _____

- Enclosed is my tax-deductible contribution of \$ _____
- Please invite me to the next quarterly membership meeting,
- I am interested in learning more. Please contact me.

Please mail to: Funding Arts Network, VP Membership, P.O. Box 331864, Miami, FL 33233-1864

www.fundingartsnetwork.org