

Where the ART is!

## DFAC Membership Form

(print, clip and send with payment)

Membership Category \_\_\_\_\_

Name(s) \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

email address \_\_\_\_\_

Payment in the amount of \$ \_\_\_\_\_

Check # \_\_\_\_\_

Credit Card Payment \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX

Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Memberships are good for one year from the month paid and are tax deductible as provided by law.

Please send me a Volunteer Opportunity Pack

Please send me information on becoming an Exhibit Sponsor

I would like to remember DFAC in my will or trust. Please send information.



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