



Receipt # _____
Card Issued: _____
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ORILLIA FINE ARTS ASSOCIATION MEMBERSHIP FORM Revised Aug/15

Please mail the following information together with a cheque for \$45.00 (annual fee) (\$40.00 if received before Sept. 30, 2015). The year is from October 1 to September 30.
Cheques payable to the **Orillia Fine Arts Association.**

Orillia Fine Arts Association
c/o Patricia Beecham
22 Southview Drive, Brechin, ON, L0K 1B0

Name: _____

Mailing Address: _____

Postal Code: _____

Home phone number _____

Work/cell phone number _____

Email address: _____

I am an artist and use the following media: _____
(Note: This information may be sent out to members, but it is for OFAA use only)

Signature **Date**

Meetings are held on the last Tuesday of the month (Aug-Dec; Feb-May, July) from 7-9 pm at the Orillia Museum of Art and History on Peter St. (third floor)

Renewals
Year: _____ Year: _____ Year: _____ Year: _____ Year: _____

Mem. # _____ Mem. # _____ Mem. # _____ Mem. # _____ Mem. # _____