

## **NEW MEMBERSHIP APPLICATION**

(please print clearly)

## **FEDERATION OFFICE**

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ДMr. □Mrs.	☐ Ms. First Name:	Last Name:
Suite #	Street Address	
City	Province	Postal code Country
Telephone #		
E-mail:		Chapter Affiliation, if any:
U.S Member Overseas Me	s if you'd like to receive a pring mbers if you'd like to receive	50.00 for the remainder of the year and the subsequent year. nt copy of Art Avenue please add \$20 to your total re a print copy of Art Avenue please add \$40 to your total
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☐ cheque ☐	cash ☐ please charge my cr	redit card: card type
Card #		Expiration date
	l'd like to be an	FCA Volunteer! □ Yes □ No
Print Name:		Date:

By signing this document I give express consent for the Federation of Canadian Artists, their staff, board members and volunteers to contact me from time to time via commercial electronic message (CEMs) in the form of emails, Enewsletters and social media with information on FCA events, fundraisers, board activity, educational programs, calls for volunteers and general organization information.

I understand that the Federation of Canadian Artists will not share my email address or personal information with third parties and that I choose to stop receiving CEMs at anytime by clicking the 'safe unsubscribe' option for Enewsletters, or by sending an email to <a href="mailto:fcaadmin@artists.ca">fcaadmin@artists.ca</a>