



MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

E-MAIL: _____

VISUAL ARTIST PERFORMING ARTIST WHAT IS YOUR MEDIUM?: _____

ARE YOU AN ORGANIZATION MEMBER?: _____ WHICH ORGANIZATION?: _____

HOW WOULD YOU LIKE TO VOLUNTEER?:

HOSPITALITY HANGING AN EXHIBIT COMPUTER WORK PUBLICITY

OTHER: _____

INDIVIDUAL \$45 SENIOR/STUDENT \$30 CORPORATE \$60

SIGNATURE: _____

Business Name (if applicable for Corporate rate): _____

Please fill out this form and return with check as payment made out to **SFVACC**. If you wish to pay by credit card, please go to: www.sfvacc.org/membership page. After you click the button for your specific level, fill out information. You will automatically go on our master list as a member and be notified when you need to renew your membership.

Mail to: SFVACC
P.O. Box 17192
Encino, CA 91416

SUPPORT THE ARTS...
BECOME A MEMBER!

If you have any questions, please contact Ken at kronney@aol.com