



**Membership Form:**

**Check Membership Category**

Individual (\$1,000)  Associate (\$500)  Duet (\$500)

**Name:** \_\_\_\_\_

**Permanent Mailing Address:**

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

**Seasonal Address:**

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

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Primary Email:** \_\_\_\_\_

**Alternate Email:** \_\_\_\_\_

**Mobile phone:** \_\_\_\_\_

**Alternate phone:** \_\_\_\_\_

**How did you hear about FAN?** \_\_\_\_\_

**HOW to PAY**

Pay with a credit card on PayPal at [www.fundingartsnetwork.org](http://www.fundingartsnetwork.org) or  
Pay by Check and Mail your membership contribution to:

Funding Arts Network  
P.O. Box 331864  
Miami, Florida 33233-1864

If you have any questions, or need additional information, please contact  
[VPMembership@fundingartsnetwork.org](mailto:VPMembership@fundingartsnetwork.org)

Thank you for your interest in FAN!