

**FRANKLIN COUNTY ART ALLIANCE  
MEMBERSHIP APPLICATION**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_ Member since (estimate ok!) \_\_\_\_\_

**ADULT** \_\_\_\_\_ (**\$30**)      **HIGH SCHOOL STUDENT** \_\_\_\_\_ (**\$15**)      **LIFETIME (60yrs & older)** \_\_\_\_\_ (**\$175**)

Would you like to contribute to our **FCAA Membership Award**, funded by members,  
and awarded by judges to an outstanding work displayed at our annual exhibition? (any amount ok!) \_\_\_\_\_

Mail form and appropriate dues (payable to FCAA) to:

FCAA

ATTN: Treasurer

P.O. Box 1341

Chambersburg, PA 17201

Note: If membership card is desired, please include a SASE

The Franklin Co. Art Alliance will publish a listing of  
the names and phone numbers of paid Members in the  
March/April Newsletter. Please check this box if you  
**DO NOT** want your phone number listed