Membership Application

Name _____
First M.I. Last

Address _____
Street Apt # City State Zip

Phone _____ E-mail _____

Enclosed is my:

☐ $25 Membership Fee

☐ Tax deductible donation to the Scholarship Fund

☐ Please have a member call me with additional information.

☐ Please consider my speaker/topic suggestion for the Second Wednesday Lecture/Luncheon Series _____

_____

Make checks payable to: Women's Committee

Mail to: Women's Committee
The Fine Arts Association
38660 Mentor Avenue
Willoughby, Ohio 44094-7797

The Women's Committee is an independent auxiliary. Membership in the Women's Committee does not constitute membership in The Fine Arts Association.