MEMBERSHIP FORM

Registrant Information

Street Number, Street Name

First Name

City/Town

This form can be returned by mail or in-person to 34 Riverdale Dr. Etobicoke, ON M9V 2T3, or emailed to fcag.art@gmail.com.

Join an inspiring and encouraging community of local artists. Enjoy creating in a welcoming space and participate in a variety of art programming.

Membership Types	
Single Membership	Family Membership (single plus 1):
☐ 1 Year: \$50	☐ 1 Year: \$60
☐ 3 Years: \$135	☐ 3 Years: \$165

Last Name

Province

FCAG		

Franklin Carmichael Art Group

Middle Name

Postal Code

Suite/Unit Number

34 Riverdale Drive Etobicoke, ON M9V 2T3 416-740-6520 fcag.art@gmail.com www.fcag.ca

Telephone Number		Email Address			
·					
Registrant Information (complete if you selected a Family Membership type)					
First Name	Last Name		Middle Name		
Street Number, Street Name		Suite/Unit Number			
City/Town	Province		Postal Code		
Telephone Number		Email Address			

Benefits

- Opportunity to vote at our Annual General Meeting
- Access to the Centre's library of art history and instructional books
- Opportunity to enrol in quality visual art classes
- Access to the Centre's permanent collection of Members' artwork
- Discount on entry fee to juried exhibitions
- Opportunity to participate in member appreciation events
- Discount on facility rental fee
- Free entry to *The McMichael Art Collection*, by showing your membership card
- Discount on purchases at art supply stores, by showing your membership card
- Subscription to our e-newsletters
- Opportunity to stand for election to the Board of Directors

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Policies

- Memberships are available for purchase to individuals 18 years or older Membership period starts on the 1st of September
- Memberships are not automatically renewed
- Memberships are not pro-rated
- Memberships are non-refundable and non-transferable
- Membership is mandatory for class participation
- Memberships are not complete until payment is received

Consent				
I acknowledge that Franklin Carmichael Art Group has the right to ban a stakeholder from				
FCAG space(s) if they are not complying with the FCAG Code of Conduct. I have read and				
agree to comply with the FCAG Code of Conduct.				
Registrant Signature		Date (yyyy-mm-dd)		
Donate Now!				
Amount: \$				
Get Involved!				
Please indicate an area in which you can volunteer:				
☐ Committee Member ☐ Event Volunteer ☐ Event Promotion				
For Office Use Only				
Total Payment	Method of Payment			
•	Cash ☐ Cheque ☐ Debit ☐ \	/isa ☐ Mastercard ☐		
Received Date (yyyy-mm-dd)	Receipt Number			
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