



2020 MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

E-MAIL: _____

INDIVIDUAL \$45 SUPPORTING MEMBER \$100* SUSTAINING MEMBER \$250*

*Supporting member receives 1 inch plate / Sustaining member receives 2 inch plate on Membership Plaque in the SFVACC

SIGNATURE: _____

Please fill out this form and return with check as payment made out to the **SFV Arts & Cultural Center or SFVACC**. If you wish to pay by credit card, please go to www.sfvacc.org. Select the Membership tab, click on which membership you desire. 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: *SFV Arts & Cultural Center or SFVACC*
P.O. Box. 17192
Encino, CA 91416

If you have any questions, please contact Susan Spector, Membership Chair at susanspectorart@gmail.com