



Membership Profile

Strictly Confidential

Membership Type:

Household Membership
(no more than two persons)

Membership Dues:

\$1000 (46 years & older)

\$500 (45 years & younger)

Date of Application: _____

First Name: _____

Last Name: _____

Age: _____ (REQUIRED IF 45 YEARS & YOUNGER)

First Name: _____

Last Name: _____

Age: _____ (REQUIRED IF 45 YEARS & YOUNGER)

Contact Information:

Home Address: _____

Cell Phone: _____

Home Phone: _____

Home Fax: _____

Office Phone: _____

Office Fax: _____

Email 1: _____

Email 2: _____

Occupation / Profession: _____

Affiliations: Art Organizations: _____



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Cont. **Household Membership**

Art & Other Interests:

Sponsoring Member #1: _____

Sponsoring Member #2: _____

Interests in FOCA Committees:

- Curators Award
- Curators Lab
- FOCA *Fellowships*
- Local Tours
- Sunday Salons
- Special Events
- National / International Tours
- Membership
- Publications
- Host an art oriented event in my home

Board Approval:

Approval Date:

Please Note: Household Membership allows two individuals to attend all tours, events and trips.