



Membership Form

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Date _____

Membership Levels:

Please select one. May be paid by cash or check.

Individual \$25: See Member Benefits Card for list of discounts

Student & Senior [65yrs+] \$15: See Member Benefits Card

Family \$40: See Member Benefits Card

Premier Upgrade an Additional \$50: See additional benefits on
Member Benefits Card

Get Involved—Volunteer Opportunities:

Check one to be contacted about volunteer opportunities:

F.A.C.E. Magazine: Create content for our annual magazine.

Fundraising: Help keep the arts thriving in our community.

Guilds: Photography, Pottery, Writers

Internship Programs: Volunteer with our organization.

Student Arts Council: For students 14-18yrs. or adults interested
in volunteering

Other: _____

Please mail forms to:
Franklin County Arts Council
P.O. Box 758
Louisburg, NC 27549

Contact us weekdays from 10 a.m.—2 p.m.
919-853-7020 or ED@fcacarts.org
www.franklinarts.org