



MEMBERSHIP

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____

Email: _____

Membership Type: (check one)

New Member Renewal

Membership Category: (check one)

<input type="checkbox"/> Single \$40	<input type="checkbox"/> Lifetime Single \$350
<input type="checkbox"/> Family \$50	<input type="checkbox"/> Lifetime Family \$450
<input type="checkbox"/> Student \$10	

Payment Method: (check one)

Check or Money Order: (Make payable to **Flagler County Art League**)

Credit Card: (check one)



Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: ____ / ____
MM / YY

Signature: _____

Mailto: Flagler County Art League
P.O. Box 352772
Palm Coast, FL 32135-2772