MEMBERSHIP FORM 2024/2025



| Name: | Phone: |
|--|----------------------|
| Address: | Town: |
| Postal Code:Email: | |
| Occupation:Company: | |
| Other Organizations to which you belong: | |
| Hobbies: | |
| THE BMFA IS A VOLUNTEER ORGANIZATION. Are you able to help? | |
| I currently volunteer with the BMFA D YES | D NO |
| I would like to Volunteer D YES | D NO |
| Area of Interest: GALLERY D PROGRAMMING D F | UNDRAISING 🗖 BOARD 🗖 |
| | |
| ARTIST/ARTISAN: | |
| I am an Artist YES/NO Media/Type of work: | |
| I would like to be on the BMFA "Artist Profile" website: YES | |
| Please link to my website: | |
| | |
| BMFA MEMBERSHIP RATES: | |
| Due by: June 30, 2023 Individual \$65.00 🗖 Family/Business \$90.00 🗖 | |
| | |
| I would like to donate to the BMFA in the amount of: | |
| The BMFA will issue a tax receipt for all donations of \$50.00 and over. | |
| | |
| PAYMENT: | |
| Cash: Cheque # mail payment to 65 Simcoe St., Studio 1 Collingwood, ON L9Y 1H7 | |
| Credit: Debit: D | |
| Credit Card payments: Online: <u>www.bmfa.on.ca</u> or by Phone: 705-445-3430 | |