



## Florence Regional Arts Alliance (FRAA) Membership and Donations

Florence Regional Arts Alliance memberships are based on a calendar year. Memberships will expire on December 31<sup>st</sup> of the year paid.

### Mailing Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Membership Year: 2024

Membership Status:  New Membership or  Renewal of Prior Membership

Membership Type:  Individual Membership \$60 (\$40 for remainder of 2024)  
 Family/Business Membership \$80 (\$60 for remainder of 2024)  
 Youth Membership (Ages 6-18) \$10

### Member's Name or Business Name to be used in Membership Listings

\_\_\_\_\_

### If a Family Membership, List names of other family members

\_\_\_\_\_

Interested in:  Volunteering  Teaching Classes  Taking Classes

If Volunteering, I can help:  at the Gallery  at Events  with Marketing  Other *List* \_\_\_\_\_

### Donations

I want to support the arts in the Florence area!

Please accept my tax-deductible donation (Check with your tax advisor.)

Silver Donor \$100  Gold Donor \$250  Platinum Donor \$500  Other Donation \$ \_\_\_\_\_

Donor Name to be listed and recognized \_\_\_\_\_ or Anonymous

### Payment Type:

Cash  Check payable to Florence Regional Arts Alliance Check Number \_\_\_\_\_  Charge

### Payment Received:

Annual Membership Dues expire on December 31, 2024	\$ _____
Donation	\$ _____
TOTAL	\$ _____

Date \_\_\_\_\_

Member Signature \_\_\_\_\_

FRAA Volunteer \_\_\_\_\_

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