

# MMFAS

## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Website \_\_\_\_\_

Medium/Interest \_\_\_\_\_

\_\_\_\_\_

Annual membership dues are:  
\$25 Regular, \$15.00 Associate

Mail check to:  
Mid-Missouri Fine Arts Society  
P.O. Box 2043  
Washington, MO 63090-0843