



MEMBERSHIP FORM 2018/2019

65 Simcoe St., Studio 4

Collingwood, ON L9Y 1H7

www.bmfa.on.ca 705-445-3430

Date: _____

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 YES NO

I would like to Volunteer YES NO

Area of Interest: GALLERY PROGRAMMING FUNDRAISING 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 RENEWAL RATES:

Due by: June 30, 2018 Individual \$45.00 Family/Business \$70.00

I would like to make a donation to the BMFA in the amount of:

The BMFA will issue a tax receipt for all donations of \$25.00 and over. _____

PAYMENT:

Cash: Cheque: # (mail payment to: 65 Simcoe St., Studio 4,
PO Box 581, Collingwood, ON L9Y 4E8)

Credit: Debit:

Credit Card payments: Online: www.bmfa.on.ca or by Phone: 705-445-3430