



MEMBERSHIP FORM 2020/2021

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 MEMBERSHIP RATES:

Due by: July 1, 2020 Individual \$50.00 Family/Business \$75.00 Student – High School
paid for by BMFA

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,
Collingwood, ON L9Y 1H7)

Credit: Debit:

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