

Membership Application Dues: \$85.00 per year Make check payable to Society for the Arts
Mail to SFA Treasurer P.O.Box 55495 Phoenix, AZ 85078-5495

Amount Paid/Enclosed: \$ _____ Today's Date _____ Male _____ Female _____

Name: _____ Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Profession: _____ Company Name: _____

If retired please list your former occupation _____

Email address: _____ Preferred First Name/Nickname: _____

Select from among the following areas the one(s) to which your talents and interests are most suited.

Public Relations _____ Membership _____ Activities _____ Telephone _____ Fundraising _____

Survey Information only:

Please indicate if your age is in one of these ranges: 20-30 _____ 30-45 _____ 45+ _____

Include the following to pay by Visa or Master Card: Visa _____ Master Card _____

Card Number: _____

Expiration: Mo _____ Yr _____

Name on credit card: _____

Signature: _____ Referred by _____