



come create

SACRAMENTO FINE ARTS CENTER

2019 Membership Application --New and Renewal

5330-B Gibbons Drive
Carmichael, CA 95608
916-971-3713
www.sacfinearts.org
SFAC@sacfinearts.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

New member? \_\_\_\_\_ Returning member? \_\_\_\_\_

SFAC Membership

Membership: \$60 \_\_\_\_\_

Youth membership: \$15 \_\_\_\_\_
(24 years and under)

Business/Organization Membership: \$100 \_\_\_\_\_

Member benefits:

- Subscription to the Art Journal
Opportunity to participate in member shows
Discounts on workshops and space rental
Consignment sale opportunities in the Gift Shop
Opportunity to join one of the SFAC affiliated clubs
Some benefits may not apply to Business Members
Benefactor members are listed in the newsletter

SFAC Benefactor Membership

Gold: \$175 \_\_\_\_\_

Platinum: \$275 \_\_\_\_\_

Club Membership (requires SFAC membership):

NCA \$25 \_\_\_\_\_ WASH \$25 \_\_\_\_\_

GO GREEN: \_\_\_\_\_ yes, send me the bi-monthly newsletter by email, not paper.

Payment: Mail or deliver this form with your payment to Sacramento Fine Arts Center, 5330-B Gibbons Drive, Carmichael, CA 95608

VOLUNTEERING: SFAC depends on you and all of its members to make possible our many programs and services. Please check one or more of the following areas that interests you. You will be contacted when a volunteer opportunity arises.

- Bookkeeping/Accounting
Children's Art Program
Clerical assistance
Community outreach
Computer technical support
Docent, monthly, substitute
Data input
Facilities planning and care
Fundraising
Gift Shop- coordination, cashiering
Grants- writing, management
Graphic Design (newsletters, ads, brochures)
Historian, archivist
Hospitality- events and fundraisers
Marketing and Publicity
Membership
Newsletter- writing, preparation
Program and event planning
Show planning, receiving, or hanging
Website design and maintenance
Workshop planning and/or assistance

Other: \_\_\_\_\_

Notes: Please describe work experience and/or skills which might provide support to SFAC

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

FOR OFFICE USE

Date \_\_\_\_\_ Amt. Paid \_\_\_\_\_

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card \_\_\_\_\_ Cash \_\_\_\_\_