

# ANNUAL MEMBERSHIP

AN OPEN INVITATION TO **JOIN!**

## THE MID-OHIO FINE ART SOCIETY, INC.

Dear Artist/Friend of the Arts

MOFAS is a 501(c) (3) nonprofit corporation, established as a cooperative arts organization by artists for artists. Based in Marion, Ohio we coordinate opportunities for shows and personal development of established and emerging artistically talented individuals in all styles and media. The purpose of the organization is to promote appreciation and understanding of the universal nature of creative expression. The organization assists in the development of the casual artist as well as the serious pursuit of artistic interests and careers.

Artists and individuals may join MOFAS for dues of:

\$25.00 per year for regular membership

\$20.00 per year for senior membership 65 and older

\$15.00 per year for student membership

The Membership Year is from August 1<sup>st</sup> to July 31<sup>st</sup>. Dues for new members who join after February 1 are reduced by 50% until the next membership year, at which time they revert to regular prices.

Prospective members and guests are welcome to attend meetings before becoming members but may not vote. Regular meetings of the Mid-Ohio Fine Art Society, Inc. are currently held on the second Monday of every month at 6:00 pm. At the Barlow Center, 1165 E Center St., Marion, Ohio. Changes in meetings are announced at meetings, by email, and on our web site (below).

If you wish to **join**, please visit [www.MidOhioFineArtSociety.org](http://www.MidOhioFineArtSociety.org). or submit your membership dues, and the registration form (below) to MOFAS, PO BOX 459 Marion, OH 43301-0459. Make checks payable to MOFAS

### Annual Registration Form

Mid-Ohio Fine Art Society, Inc.  
PO Box 459  
Marion, OH 43301-0459

**PLEASE PRINT**

Enclose Check or Money Order for: (Check One)

Regular Membership: \$25.00

Senior Membership: \$20.00

Student Membership: \$15.00

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

Address \_\_\_\_\_

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

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



**Please check one response for each of the following:**

**YES**  **NO** : MOFAS may publish my name, address, phone number, and email address in a directory distributed to members.

**YES**  **NO**: I would like to help as a committee member or volunteer to assist with activities.

**YES**  **NO**: I release MOFAS, its agent, volunteers, and assignees from liability for loss, theft or damage of art submitted for display.

**YES**  **NO**: MOFAS may take photographs of me and/or my art and publish the photos for promotional purposes.

*(These responses may be changed at renewal or in writing, at any time, to the President and the Treasurer)*

**SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT SIGNATURE IF UNDER AGE 18:** \_\_\_\_\_ **Date** \_\_\_\_\_