

MEMBERSHIP FORM

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone (_____) _____ Cell phone (_____) _____

Please Circle: Individual Adult \$40 CFCC Student **FREE**

PLEASE RETURN MEMBERSHIP FORM WITH CHECK PAYABLE TO CFCC-VAS.

Do not mail cash.

Mail to: Laura Wright

Webber Center Gallery, Central Florida Community College

P.O. Box 1388, Ocala, FL 34478-1388

Received by _____ Date _____ Cash _____ Check # _____