

membership registration

Name _____

Address _____

City, State, Zip _____

Day Phone _____ Evening/Cell Phone _____

E-mail _____

Visa/Mastercard number _____ CVV* _____ Exp Date _____

Signature _____ *last three digits on the signature line of your card

REGISTRATION **New Member** **Returning Member**

Membership benefits include discounts on classes and workshops, 10% discount in TFL Shop (exclusions include books, magazines and large equipment), invitations to special events and regular mailings of class schedules.

I would like to become a Member of Fine Line Creative Arts Center for:

1 yr at \$35 2 yrs at \$65 1 yr couple at \$65 2 yrs couple at \$130

Additional gift to Fine Line \$ _____

My primary areas of interest:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Beading | <input type="checkbox"/> Blacksmithing | <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Crochet |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Dyeing | <input type="checkbox"/> Frame Knitting | <input type="checkbox"/> Glass |
| <input type="checkbox"/> Hand Knitting | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Painting | <input type="checkbox"/> Papermaking |
| <input type="checkbox"/> Pottery | <input type="checkbox"/> Printmaking | <input type="checkbox"/> Quilting | <input type="checkbox"/> Spinning |
| <input type="checkbox"/> Surface Design | <input type="checkbox"/> Watercolor | <input type="checkbox"/> Weaving | <input type="checkbox"/> Other _____ |

I would like to volunteer in the following areas:

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Clean Up | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Gallery Exhibits | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Outdoor Work | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Student Show |
| <input type="checkbox"/> Computer Assistance | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Raku Day | <input type="checkbox"/> Uncommon Threads |
| <input type="checkbox"/> Christmas Show | <input type="checkbox"/> Other _____ | Availability: _____ | |

For shop use only

Date Received _____ Shop Attendant _____

Recorded by _____ Date _____

Membership Card Sent by _____

Date _____

class registration

Name _____

Address _____

City, State, Zip _____

Day Phone _____ Evening/Cell Phone _____

E-mail _____

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Signature _____ *last three digits on the signature line of your card

REGISTRATION **Winter/Spring** **Summer** **Fall**

Class Title	Session	Date	M* Fee	N** Fee	Material Fee	Total

Payment for all classes, workshops, materials fees must be made in full at the time of registration. *M-member **N-non-member

Total Amount Due _____

For shop use only

Rec't No. _____

Check No. _____

Cash Visa Mastercard

Date _____ Clerk _____