



FAIRFIELD-SUISUN CITY VISUAL ARTS ASSOCIATION

www.fsvaa.com

FSVAA MEMBERSHIP FORM

Solano Town Center Gallery

Membership Year Runs January 1 Through December 31

(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

E-mail _____ Website _____

Check this box if you do not want to share your email and/or phone numbers with other members

Membership/ Donor Categories for Solano Town Center Gallery:

*Payable Annually on January 1 (Please Check One)

Artist \$40

Donor, up to \$499

Student (full-time, maximum age 26) \$25

Sponsor \$500 - \$9,999

Family \$60

Patron \$10,000 +

Primary Media: _____ Additional Media: _____

Volunteers are vital to our organization. As an FSVAA Member, the Board requires that you docent once a month in the Solano Town Center Gallery and you must serve on at least one committee. (✓) Please check all committees that best suit your interest and skills:

- Curating** (exhibit setup, teardown, intake art, making labels, ensuring forms are complete & accurate; themes)
- Docent** (schedule & notify artists of docent duties; maintain calendar; sign up docents at show intake)
- Marketing** (research, create & promote events via articles; websites; social media; gather artist bios)
- Membership** (member procurement; manage member documentation; contact members to renew)
- Reception** (organize receptions by soliciting food & drink donations from vendors for gallery events; setup)
- Special Events** (research, create & organize special events; find guest speakers/artists)
- Workshop /Education** (organize workshops and art classes)

Please initial _____

Insurance Waiver

The Artist must find FSVAA, its staff, members, officers and directors harmless for any and all losses or damage which may result to their property while in the care, custody and control of FSVAA. Nevertheless, the Galleries will exercise great care in handling your artwork while in our possession.

Please initial _____

Disclaimer

By participating in an FSVAA event, you are agreeing to release, defend, hold harmless and indemnify FSVAA from any and all claims involving the use of your picture or likeness, and/or your artwork including but not limited to brochures, flyers, invitations, books, newspapers, magazines, television, websites, social media, etc.

Signature _____ Date _____

Check or Money Order enclosed in the amount of \$ _____
Made payable to the **Fairfield Visual Arts Association**

* Please mail completed membership form & payment to: FSVAA c/o Doug Cooper, 233 Leafwood Ct, Suisun City, CA 94585

For FSVAA Use Only: Date of Payment: _____ Cash Charge Check # _____ Amount: _____ Receipt # _____