



RESPONSE FORM

- I'd like to become an associate artist member of FOTA - My \$30 check is enclosed.
- I'd like to become a premier member of FOTA - My \$75 check is enclosed.
- I'd like to become an associate patron member of FOTA - My \$30 check is enclosed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Email Address: _____

Web Site: _____

ART DESCRIPTION

Fill in choices appropriate to your work or art preferences in the following categories:

Media: _____

Style: _____

Subject: _____

Materials: _____

Technique: _____

Occupation: _____

Please make checks payable to:
Friends of the Arts
1800 West Cornelia Avenue
Chicago, IL 60657