						MOFAS Membership Form									1
Please	send chec	k or	money	order with th	is form to:										
Mid-Oh	nio Fine A	rt So	ciety, In	c., PO BOX 45	9, Marion,	OH 43301-0	0459								
	A all. A	1 le		¢20.00											
			mbership: \$30.00 Memebers \$20.00											$\square \!$	₹—
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	Senior Membership (65 or over) \$25.00 Senior Family (65 or over): \$35.00											-3 F			
	Semon		iy (65 0	1 over). \$55.0	<i>,</i>									8'	
Please	check one	resp	onse fo	r 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 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 ma and/or my art and publish the photos for promotional purposes.											
	Yes		No	MOFAS may share my information in order to obtain access to Members' Only perks . Member may withdraw permission at any time by informing any BOD member in writing.											
SIGNAT	URE:										Date:				
PAREN	T SIGNATU	JRE I	F UNDE	R AGE 18:							Date:				
PLEASE	PRINT:														
Name:															
Addres	s:														
Phone	Number:														
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