

**2019 Membership Application** Date:**\_\_\_\_\_\_\_\_\_\_** New Member \_\_\_Renewing Member

 Annual Dues: Individual ($15) \_\_Family ($20) \_\_

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Title (Mr., Ms, etc.) First Name Middle Initial Last Name

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Street Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone Evening Telephone Cell Phone Email Address

\_\_\_\_ Check here if you prefer that your contact information NOT be published in a future directory of members.

**Please indicate skills or background that you would be willing to share with the Friends:**

**\_\_\_\_** IT \_\_\_\_ Fundraising \_\_\_\_ Public Relations \_\_\_\_ Events Planning \_\_\_\_ Graphics \_\_\_\_Photography

**\_\_\_\_** Writing \_\_\_\_ Archaeology \_\_\_\_ Preservation \_\_\_\_\_Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What ideas would you suggest for the enhancement and support of Fairfax County's archaeology and other cultural resources programs?**

**For Family memberships, please provide information for a second member (spouse, partner, or child):**

(To provide information for more than two family members, please use multiple membership forms and attach them together.)

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1. **How did you hear about FOFA ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Have you visited our website?** [**http://fofaweb.org/**](http://fofaweb.org/) **(yes / no)**

**or Facebook page?** [**https://www.facebook.com/FXFOFA/**](https://www.facebook.com/FXFOFA/) **(yes / no)**

Please make checks payable to FOFA and mail to Jean Cascardi

at P.O. Box 2054 Merrifield VA 22166

or contact fofarch@gmail.com

 For Internal Use: Date Received: \_\_\_\_\_\_\_\_ Amount Received: \_\_\_\_\_\_\_