



**FRIENDS OF FAIRFAX COUNTY ARCHAEOLOGY
AND CULTURAL RESOURCES**

2019 Membership Application Date: _____ New Member ___ Renewing Member
Annual Dues: Individual (\$15) ___ Family (\$20) ___

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

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___ Check here if you prefer that your contact information NOT be published in a future directory of members.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

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

Daytime Telephone Evening Telephone Cell Phone Email Address

- 1. How did you hear about FOFA ?** _____
- 2. Have you visited our website?** <http://fofaweb.org/>
or Facebook page? <https://www.facebook.com/FXFOFA/>

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: _____