



FAIRFAX PUBLIC ACCESS

2929 Eskridge Rd., Suite S, Fairfax, VA 22031
571-749-1102 - www.fcac.org

MEMBERSHIP APPLICATION

Annual Membership Fees

Fairfax County or Out-of-County Member annual fee.....\$26

Proof of residency required in the form of a driver's license, a passport, any state or government issued ID. or a utility bill. If mailing in this form please enclose a copy of one form of identification.

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Consider a small donation to help achieve our mission. Your generosity means a lot to us and the community we serve.

Thank you for your support.



MEMBERSHIP INFORMATION

PLEASE USE CAPS ONLY, THANK YOU

First Name

Last Name

Address

City/State/Zip

Home Phone

Mobile Phone

Email

Signature

By signing this form I agree to follow all member policies as stated in the FPA Operations Manual. I understand that copies of this manual are available at the station for pick-up and/or online at fcac.org.

CHECK TYPE OF MEMBERSHIP

- Fairfax County - \$26
- Out-of-County - \$26
- Donation (optional) _____

METHOD OF PAYMENT

- Check Visa
- Cash Master Card

FOR OFFICE USE ONLY

Received: _____

Exp. Date: _____

Entered: _____

- New member
- Renewal

Staff Signature: _____