



Children's Membership Form

Child's Information

Male Female

Name _____

Address _____

City _____ State _____ Zip _____

Birthdate (*optional*) _____

Email _____

Parent/Guardian's information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Method of Payment

Check payable to
"Flint Institute of Arts"

Visa MasterCard

American Express

Name _____

Acct # _____

Exp Date _____

Signature _____

Return this form to:

FIA Art Zone
Flint Institute of Arts
1120 E. Kearsley St.
Flint, MI 48503