Idaho Falls Youth Arts Centre Membership Form

Parent's Last Name	First Name	Middle Initial

Children's Names Birth Dates

Address	City	State	Zip Code

Phone Number	Alternate Phone Number	Email Address

IFYAC Membership:

INDIVIDUAL Membership $10.00	$_____
FAMILY Membership $25.00	$_____
TOTAL AMOUNT ENCLOSED	$_____

Make checks payable to "IFYAC" and mail with this form to

IFYAC – Membership
P.O. Box 51751
Idaho Falls, ID 83405

IFYAC is a non-profit organization with tax-exempt status.