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.

IFYAC USE ONLY

Amount Owed for Program$_____ Amount Paid$_____ Balance Due$_____

Payment Method: Cash$_____ Check$_____ #_____

Date Received_____

Membership Paid: Individual $_____ Family $_____

Payment Method: Cash $_____ Check $_____ #_____

Date Received_____ Received By: _____