



**FAIRFAX PUBLIC ACCESS**

2929 Eskridge Rd., Suite S, Fairfax, V A22031  
571-749-1102 - www.fcac.org

**MEMBERSHIP APPLICATION**

Annual Membership Fees

**Fairfax County Member or Out of County Member  
Annual fee .....\$26.00**

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



**GET STARTED TODAY!**

**MEMBERSHIP INFORMATION**

PLEASE USE CAPS ONLY, THANK YOU

**First Name**

**Last Name**

**Address**

**City/State/Zip**

**Home Phone**

**Work Phone**

**Mobile Phone**

**Email**

I hereby certify that my home residence is within the boundaries of Fairfax County, Fairfax City, or Falls Church City.

I am not a Fairfax County Resident.

**Signature:**  
\_\_\_\_\_

Please email me FPA information & news

**Please check the type of membership:**

- Fairfax County Member \$26.00
- Out-of-County Member \$26.00

**Method of Payment:**

- Cash  Check  Mastercard  Visa

**FOR OFFICE USE ONLY**

Received: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Entered: \_\_\_\_\_ By: \_\_\_\_\_

- New Member  Renewal

**Signature:** \_\_\_\_\_