FAIRFAX PUBLIC ACCESS

2929 Eskridge Rd., Suite S, Fairfax, VA 22031
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, 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.

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.*

☐ *By joining FPA I agree to follow all the member policies & procedures as stated in the FPA Operations Manual. (Pick-up a manual at the station or visit fcac.org to view the pdf manual)*

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

Staff Signature: _____