

ALLIANCE OF ARTISTS COMMUNITIES

AFFILIATE MEMBERSHIP FORM

Contact Name _____ Title _____

Organization _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Website _____

MEMBERSHIP DUES = \$350

In order to better serve you, please tell us why your institution is interested in membership in the Alliance of Artists Communities (optional).

- Check is enclosed (*Please makes checks payable to the **Alliance of Artists Communities***)
- Please bill my credit card (*Visa, Mastercard, American Express, and Discover accepted*)

Name on card _____

Account # _____ Exp. Date _____

Signature _____

ALLIANCE OF ARTISTS COMMUNITIES

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