

# 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 make 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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