

ALLIANCE OF ARTISTS COMMUNITIES

EMERGING PROGRAM MEMBERSHIP FORM

Name _____ Title _____

Organization _____

Address _____

City/State _____

Country _____ Postal Code _____

Phone _____ Fax _____

Email _____

Website _____

Current Year's Organizational Budget: \$ _____

MEMBERSHIP DUES = \$300 US / year

Please submit the following information with your application. The Alliance collects this information so that we may better serve our members, conduct research on the field, and advocate on behalf of the membership. If you have not yet developed all of the following, please submit as much as is available.

- List of Board of Trustees, with professional affiliations
- Brief outline of your administrative setup, as well as brief biographical information on key staff
- Brief description of your residency program plans
- Promotional materials

Please let us know how you hope to benefit from Alliance membership: