

# ALLIANCE OF ARTISTS COMMUNITIES

## INDIVIDUAL MEMBER APPLICATION FORM

Individual Membership – \$100/year

As well as becoming a member, I wish to become a FRIEND OF THE ALLIANCE and make an additional donation of \$ \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

We are interested in learning more about you. So that we may better serve you, please tell us about your interest in or involvement with artists' communities, and your reasons for becoming an Alliance member. Feel free to include any materials (e.g. brochures, résumé) you feel may be of interest.

My 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*)

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_