

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 _____