

# ALLIANCE OF ARTISTS COMMUNITIES

## ORGANIZATIONAL MEMBERSHIP FORM

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

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

Website \_\_\_\_\_

Current Year's Organizational Budget\* \$ \_\_\_\_\_

- If budget is less than \$349,999, annual dues are \$500
- If budget is \$350,000 or more, multiply budget by .00175 \$ \_\_\_\_\_  
(annual dues not to exceed \$5,000)

(\*Note: If your organization has an Artist-in-Residence Program that is a program of a larger institution, membership dues may be based on the AIR Program budget only.)

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
- List of resident artists (by discipline if possible) for the last year
- List of most current year's artist selection committee and a brief description of the current selection process
- Promotional materials about your artist-in-residence program

- 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 \_\_\_\_\_