



Arts Council in Buffalo & Erie County
700 Main Street, Buffalo, New York 14202
(716) 856-7520 Fax: (716) 856-7548
nancy.yager@artscouncilbuffalo.org
www.artscouncilbuffalo.org

Membership Fees
See Reverse Side

Membership Application

Please complete and return form with your annual membership dues. Thank you!

1. Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Artist/ Arts Administrator/ Educator | <input type="checkbox"/> New Member |
| <input type="checkbox"/> Arts /Cultural Organization | <input type="checkbox"/> Renewing Member |
| <input type="checkbox"/> Affiliate (non-arts organization or business) | |
| <input type="checkbox"/> Individual | |

2. Name (as you want listed) Organization, Artist/Administrator, Business Name

_____ Initial here if you do not want to be listed in the Arts Council's Annual Fund brochure and website.

Contact person Dr. Mr. Ms. Mrs. _____

Title (if applicable) _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

E-mail _____ Website _____

3. Are you interested in receiving more information on the Summit Federal Credit Union? Yes No
4. Are you interested in receiving information about health insurance? Yes No

Arts Council Website Artist Registry

_____ Yes, please publish my information on the Arts Council's website.
_____ No, please do not publish my information on the Arts Council's website.

Disciplines: (Check category. Visual and media artists, also please circle sub-categories)

_____ Visual Arts (Mixed Media/Painting, Photography/Printmaking, Sculpture/Pottery, Craft/Folk/Traditional
_____ Media (computer arts, film/video and graphic design)
_____ Music _____ Dance _____ Theater _____ Literature _____ Multidisciplinary
_____ Other _____

The quickest way to be included in the Artist Registry, is to send a summary of your work (50 words or less), and a photo (jpg) to nancy.yager@artscouncilbuffalo.org. Artists already included in the artist registry may also submit changes this way.

If you do not have access to a computer, you may attach a photo and a summary of your work to this application.

Please Sign

I understand that my name, medium, telephone number, e-mail, website, photo (if included), and summary of work (as worded above) may be published in the Arts Council's artist registry.

Signature _____

over →

6. If you produce programs for, or if your work addresses, a particular group or constituency, please indicate below by checking as many as apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Urban Community | <input type="checkbox"/> International Community | <input type="checkbox"/> Rural Community |
| <input type="checkbox"/> Children/Family | <input type="checkbox"/> Teen | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> African American | <input type="checkbox"/> Latina/o | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> Folk/Traditional |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Education Community |
| <input type="checkbox"/> Other (please specify): _____ | | |

7. Non Profit Status

NYS Charities Registration Number _____

- I.R.S. 501(c)3 Tax Exempt Letter attached
- NONE - Community based group
- Non Profit Status in progress. Please explain

Annual Membership Fees

Artist/ Arts Admin.

- \$30.00

Member Arts/Cultural Organization

(Based on annual operating budget)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> \$0-\$10,000 | <input type="checkbox"/> \$40.00 |
| <input type="checkbox"/> \$10,000-\$25,000 | <input type="checkbox"/> \$55.00 |
| <input type="checkbox"/> \$25,000-\$100,000 | <input type="checkbox"/> \$85.00 |
| <input type="checkbox"/> \$100,000-\$250,000 | <input type="checkbox"/> \$150.00 |
| <input type="checkbox"/> \$250,000-\$500,000 | <input type="checkbox"/> \$200.00 |
| <input type="checkbox"/> \$500,000 and up | <input type="checkbox"/> \$275.00 |

Member Affiliate (non-arts organization or business)

- \$125.00

Individuals

- Health Insurance \$50
- Family: \$100.00
- Patron: \$50.00
- Lifetime: \$500.00 (Individuals Only)

Check enclosed, made payable to the Arts Council in Buffalo & Erie County

Bill to my Visa MasterCard

Card Number _____ Expires _____

Name on Card _____

Signature _____

Thank you for supporting the Arts Council in Buffalo & Erie County!

WEB