

THE ARTS COUNCIL, INC.

annual membership form



ARTS COUNCIL MEMBER INFORMATION:

NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE (HOME): _____
 PHONE (MOBILE): _____
 PHONE (BUSINESS): _____
 FAX NUMBER: _____
 EMAIL: _____

BILL TO (if different):

NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE (HOME): _____
 PHONE (MOBILE): _____
 PHONE (BUSINESS): _____
 FAX NUMBER: _____
 EMAIL: _____

SELECT YOUR ARTS COUNCIL MEMBERSHIP CATEGORY:

MEMBERSHIP CATEGORY	DESCRIPTION	CONTRIBUTION AMOUNT
<input type="checkbox"/> \$50 - \$99.....	Supporting Member.....	\$ _____
<input type="checkbox"/> \$100 - \$199.....	Sustaining Member.....	\$ _____
<input type="checkbox"/> \$200 - \$499.....	Sponsor Member.....	\$ _____
<input type="checkbox"/> \$500 - \$999.....	Patron Member.....	\$ _____
<input type="checkbox"/> \$1,000 - \$1,999.....	Friends of the Arts.....	\$ _____
<input type="checkbox"/> \$2,000-\$4,999.....	Special Friends of the Arts.....	\$ _____
<input type="checkbox"/> \$5,000 - \$9,999.....	Golden Friends of the Arts.....	\$ _____
<input type="checkbox"/> \$10,000 - \$20,000+	Platinum Friends of the Arts.....	\$ _____
<input type="checkbox"/> The Arts Council's Capital/Endowment Campaign		\$ _____

go to www.theartscouncil.net for membership category benefits.

\$ _____ TOTAL

Your tax-deductible membership contribution should be made payable to: The Arts Council, Inc. Please check one of the above member categories, complete the contact information and return with your check or credit card information to: P.O. Box 1632, Gainesville, GA. 30503.

The Arts Council, Inc. is a private non-profit 501C-3 organization. The mission of The Arts Council, Inc. serving Northeast Georgia is to enhance, educate, and expand public interest in the Arts. Affiliate Arts Organizations of The Arts Council have their own Board of Directors and their own fundraising activities. We encourage your support of these organizations in addition to your support of The Arts Council. For additional information regarding tax deductible gifts and benefits call Gladys Wyant at 770.534.2787.

PAYMENT: Check VISA MasterCard American Express

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____ SECURITY CODE: _____

CUSTOMER SIGNATURE: _____ DATE: _____