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NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION

Membership Application

Please choose a membership category:

☐ Full:

A Full member is a tax-exempt organization or government agency, or division thereof, which offers arts learning opportunities and is committed to the values of quality, accessibility and accountability.

- ☐ I certify that my organization subscribes to the National Guild's philosophy and code of best practices (stated above)
  Please initial: _____
- ☐ I have included proof of my organization's tax-exempt status (e.g. IRS letter of determination).
- ☐ I have submitted a brief one-paragraph description of my organization to **claire@nationalguild.org**. Paragraphs are uploaded to the "Find a Member" section of www.nationalguild.org so that other Guild members, and the public, may be familiar with you. Descriptions typically contain a summary of the organization's history, its enrollment and facility, and any distinguishing programs or characteristics.

☐ Education Affiliate:

An Education Affiliate is a for-profit organization that offers arts learning opportunities.

- ☐ I have submitted a one-paragraph description of my organization to **claire@nationalguild.org**. Paragraphs are uploaded to the "Find a Member" section of www.nationalguild.org so that other Guild members, and the public, may be familiar with you. Descriptions typically contain a summary of the organization's history, its enrollment and facility, and any distinguishing programs or characteristics.

☐ Business Affiliate:

Business Affiliate affords companies and organizations visibility and participation in the community arts education field.

- ☐ I have submitted a one-paragraph description of my organization to **heatherstickeler @nationalguild.org**. Your profile will be added to the Business Affiliate Directory at www.nationalguild.org so that other Guild members, and the public, may learn about your products and services.

☐ Individual Affiliate:

An **Individual Affiliate** is an individual who supports the corporation's mission and values.

- ☐ **Students:** I have submitted a copy of my valid student I.D. from a 2-4 year college/university degree program.

Contact Information:

The following information will be supplied to the public online and via our printed *Membership Directory*:

Organization name (in full) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____)_____ Fax (_____)_____

Website _____

Email for general info _____

Organization Profile (For full and education affiliates only):

Our community arts education programs are best described as:

☐ **Independent**: our programs do not operate as a division of a larger institution, organization or government agency.

☐ **Divisional**: our programs operate as a division of a/an (choose one):

- ☐ Arts Center
- ☐ College/University/Conservatory
- ☐ Community/Social Service Org
- ☐ Govt. Agency, Non-Arts
- ☐ K-12 School
- ☐ Local Arts Agency (e.g. arts council)
- ☐ Museum
- ☐ Performing Org (e.g. orchestra, dance company)
- ☐ Religious Org (e.g. church, religious community center)
- ☐ Other Kind of Org: _____

Year founded: _____

Disciplines offered:

☐ Music ☐ Dance ☐ Theater ☐ Visual Arts ☐ Literary Arts ☐ Media Arts

☐ Other: _____

☐ We offer early childhood education programs.

☐ We offer summer camp programs for children.

☐ We offer participatory arts programs for older adults

How did you hear about us? Please tell us how you first became aware of the National Guild:

Individuals receiving benefits:

Ensure that everyone at your organization is deepening their knowledge of the field, staying informed of the Guild's activities, and taking full advantage of professional development and networking opportunities.

Please provide contact information for all individuals at your organization (including yourself) who wish to receive membership benefits (attach additional pages as needed)

PRIMARY CONTACT NAME: Mr./Ms./Mrs./Dr._____

Position _____

Phone (_____)_____ extension _____ ☐ Use organization's mail address

☐ Use other mail address: _____

Email _____

BOARD CHAIR: Mr./Ms./Mrs./Dr._____

Phone (_____)_____ extension _____ ☐ Use organization's mail address

☐ Use other mail address: _____

Email _____

ADDITONAL CONTACTS (i.e. staff, faculty, trustees, teaching artists, volunteers)

Name: Mr./Ms./Mrs./Dr._____

Position _____

Phone (_____)_____ extension _____ ☐ Use organization's mail address

☐ Use other mail address: _____

Email _____

Name: Mr./Ms./Mrs./Dr._____

Position _____

Phone (_____)_____ extension _____ ☐ Use organization's mail address

☐ Use other mail address: _____

Email _____

Name: Mr./Ms./Mrs./Dr._____

Position _____

Phone (_____)_____ extension _____ ☐ Use organization's mail address

☐ Use other mail address: _____

Email _____

Annual membership dues:

Membership dues for full and education affiliate members are based on the organization's current year operating expenses.

Operating Expenses	Full	Education Affiliate
$0 - $99,999	**$200**	**$175**
$100,000 - $199,999	**$300**	**$240**
$200,000 - $299,999	**$400**	**$320**
$300,000 - $399,999	**$440**	**$350**
$400,000 - $599,999	**$500**	**$400**
$600,000 - $799,999	**$530**	**$425**
$800,000 - $999,999	**$600**	**$480**
$1,000,000 - $1,199,999	**$660**	**$530**
$1,200,000 - $1,499,999	**$1,000**	**$800**
$1,500,000 - $1,999,999	**$1,200**	**$960**
$2 million - $2,999,999	**$1,500**	**$1,200**
$3 million - $3,999,999	**$2,000**	**$1,600**
$4 million and up	**$2,500**	**$2,000**

Business Affiliate:

- **$250/year**

Individual Member:

- **$100/year**
- **$30 students w/ valid student I.D.**

My organization's current year operating expenses are $_____.

If your school or program is a division of an organization, university or agency, please provide the annual operating expenses for your community arts education component only, not that of your parent organization.

Annual Dues: $ _____

TOTAL: $ _____

Method of payment:

☐ Check or Money Order (Make checks payable to "National Guild")

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ DISCOVER NETWORK

Acct. # _____ Expiration Date _____ / _____ Sec. Code _____

Print name on card _____

Cardholder's signature _____ Date _____

Please mail or fax this form with appropriate attachments and dues to:
National Guild for Community Arts Education
ATTN: CLAIRE WILMOTH, MEMBER SERVICES COORDINATOR

Fax: (212) 268-3995
Mail: 520 8th Avenue, Suite 302, New York, NY 10018

Questions? Email clairewilmoth@nationalguild.org or call (212) 268-3337 ext. 14.