



Membership Application

Organization Name: _____

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 (100 words) of my organization to lauraferranti@nationalguild.org. Paragraphs are included in the "Member Directory" of www.nationalguild.org so that Guild members, and the public, may get to know you. Descriptions typically contain a brief summary of the organization's mission, key programs, history, enrollment, facility, and other distinguishing characteristics.

Education Affiliate

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

- I have submitted a brief one-paragraph description (100 words) of my organization to lauraferranti@nationalguild.org. Paragraphs are included in the "Member Directory" 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 mission, key programs, history, enrollment, facility, and other distinguishing 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 (100 words) of my organization to lauraferranti@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 National Guild'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.

Organizational 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 _____

Facebook URL _____ Twitter Handle _____

Please include below how we may find you on any other applicable social media platform (i.e. Instagram, Pinterest, Youtube, LinkedIn)

Organizational 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/Cultural Center

College/University/Conservatory

Social Service Agency/Community Center

Govt. Agency, Non-Arts (e.g. parks and recreation)

K-12 School

Local Arts Agency (e.g. arts council, arts commission, department of cultural affairs)

Museum/Gallery

Performing/Presenting Arts Org (e.g. orchestra, dance or theater 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

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:

Referred by a current member. Individual name: _____

Referred by my local arts agency

Attended a Guild conference, webinar, or event. Name of Event: _____ Year: _____

Found the Guild website in a google search

Receive Guild emails

Receive Guild mailings

Found the Guild through Facebook or Twitter

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). All of these individuals will receive unique member logins with which they may access our online resources and register for Guild events.

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 _____

ADDITIONAL 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 _____

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. 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

Operating Expenses	Full/Education Affiliate
\$0 - \$99,999	\$200
\$100,000 - \$199,999	\$300
\$200,000 - \$299,999	\$400
\$300,000 - \$399,999	\$440
\$400,000 - \$599,999	\$500
\$600,000 - \$799,999	\$530
\$800,000 - \$999,999	\$600
\$1,000,000 - \$1,199,999	\$660
\$1,200,000 - \$1,499,999	\$1,000
\$1,500,000 - \$1,999,999	\$1,200
\$2 million - \$2,999,999	\$1,500
\$3 million - \$3,999,999	\$2,000
\$4 million and up	\$2,500

Business Affiliate:

- \$250/year

Individual Member:

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

My organization's (or division's) current year operating expenses are \$ _____.

I am eligible for a promotional discount on membership dues: Name of discount _____

Annual Dues: \$ _____

Promotion/Discount: \$ - _____

TOTAL: \$ _____

Method of payment:

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



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

Print name on card _____ Billing Address _____

City _____ State _____ Zip _____

Cardholder's signature _____ Date _____

Please mail or fax this form with appropriate attachments and dues to:

National Guild for Community Arts Education
ATTN: LAURA FERRANTI, MEMBERSHIP COORDINATOR

Fax: (212) 268-3995

Mail: 520 8th Avenue, Suite 302, New York, NY 10018

Questions? Email lauraferranti@nationalguild.org or call (212) 268-3337 ext. 13.