

**FOR OFFICE USE ONLY**

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# 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](mailto:claire@nationalguild.org). Paragraphs are uploaded to the "Find a Member" section of [www.nationalguild.org](http://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](mailto:claire@nationalguild.org). Paragraphs are uploaded to the "Find a Member" section of [www.nationalguild.org](http://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](mailto:heatherstickeler@nationalguild.org). Your profile will be added to the Business Affiliate Directory at [www.nationalguild.org](http://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 \_\_\_\_\_

### 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 \_\_\_\_\_

## 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: \$ \_\_\_\_\_

-10% discount: \$ \_\_\_\_\_

*Full and Education Affiliates in CT, MA, ME, NH, RI, VT*

*Valid thru November 12, 2011*

**TOTAL: \$ \_\_\_\_\_**

### Method of payment:

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



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 8<sup>th</sup> Avenue, Suite 302, New York, NY 10018**

**Questions?** Email [clairewilmoth@nationalguild.org](mailto:clairewilmoth@nationalguild.org) or call (212) 268-3337 ext. 14.