



Membership Application

The Association for Community Arts Education

FOR OFFICE USE ONLY

Date rec'd: _____ CARMA
Appeal: _____ Listserv
Chapter: _____ Packet mailed
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Please choose a membership category:

Full:

A Full member is a tax-exempt organization or government agency which subscribes to the Guild's philosophy and mission: The National Guild of Community Schools of the Arts believes that involvement in the arts is essential to individual fulfillment and community life. The Guild and its members advance high-quality, community-based arts education so that all people may participate in the arts according to their interests and abilities.

- I certify that my organization subscribes to the National Guild's philosophy and mission (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 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 member is an educational organization which is not tax-exempt or a tax-exempt institution with restrictive admission requirements for all of its programs (e.g. for-profit schools, audition-only programs, and programs requiring religious affiliation)

Type of Organization

- We are an educational institution that is not tax-exempt **OR** . . .
- We are a tax-exempt institution with restrictive admission requirements for all of our programs

- 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 membership 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:

Individual Membership enables individuals and students to access information about the National Guild and the community arts education field

- 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** (NOTE: Full members and Education Affiliates may list up to six contacts; Business Affiliates may list up to two contacts):

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

Position _____

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

Use other mail address: _____

Email _____

Subscribe email to member listserv (Full members only) Do NOT subscribe; email from the national office only

Additional Contacts (i.e. senior staff, faculty, trustees, teaching artists, volunteers)

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

Position _____

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

Use other mail address: _____

Email _____

Subscribe email to member listserv (Full members only) Do NOT subscribe; email from the national office only

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

Position _____

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

Use other mail address: _____

Email _____

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Email _____

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

Position _____

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

Use other mail address: _____

Email _____

Subscribe email to member listserv (Full members only) Do NOT subscribe; email from the national office only

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.

Amount of Dues: \$ _____

Method of payment:

Check or Money Order



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 of Community Schools of the Arts
ATTN: CLAIRE WILMOTH, ADMINISTRATIVE 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.