



Membership Form

Date _____

My membership is: New Renewal

Full Name _____

Organization (if affiliated with one) _____

Title (if affiliated with an organization) _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Website _____

(please list the link you want listed on our site, as indicated below)

My check in the amount of \$_____ is enclosed for the category indicated (circle below):

Individuals

\$100 Sustaining Member

(voting member; name & affiliation link on our website; name on all printed program materials; VIP seating at Arts Day at the Capitol)

\$35 Supporter

(voting member; name & affiliation link on our website)

\$5 Activist (non-voting member)

Arts Organizations/Businesses

(Voting member with 1 vote per org/business; name & link on our website; name on all printed program materials)

Nonprofit Organization:

\$100 – Member, Budget under \$500K

\$200 – Member, Budget over \$500K

Business:

\$100 – Business Friend

Please check at least one:

___ Artist
___ Advocate
___ Arts Educator
___ Arts Professional
___ Other _____

Please check one:

___ Arts Related Business
___ Creative Industries
___ Educational Institution
___ Nonprofit Organization
___ Other _____

Please enclose your tax-deductible check, made payable to **Georgia Arts Network** and mail to:

Georgia Arts Network
c/o VSA Arts of Georgia
415B Plasters Ave. Atlanta, GA 30324

Thank you for joining!