



Ames Community Arts Council 2011-2012 Membership Form

Name/Business Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

- Please check if you would like to be listed as a sponsor on our website.
- Please check if you would like to receive event information through email.
- Please check if you would like us to link our website to yours.

Membership categories and fees are as follows, please check one.

Membership checks should be made payable to:

**ACAC • PO Box 1842
Ames, IA 50010
www.amesart.org**

- \$15..... Student
- \$25 Individual
- \$35 Organization
- \$25 Artist
- \$35 or more Supporting
- \$50 Business
- \$100 or more Patron

Please help us learn more about your interests.

- | | |
|---|--|
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Horticulture Design |
| <input type="checkbox"/> Music | <input type="checkbox"/> Arts Presenter |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Cultural Organization |
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Gallery, Studio, Museum |
| <input type="checkbox"/> Other _____ | |

Please provide additional information as needed for Organization and Business Memberships:

Organization/Business Name _____ Phone _____

Website _____ Email _____

Alternate Contact Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Email _____

In the space provided, please write a few sentences that could be used on the ACAC website:
