

## MEMBERSHIP FORM

Memberships run for 12 months from the month of joining to the following year.

Choose a Membership Category (see membership chart for category descriptions)						
Active Local Membe	rships		Supporting Memberships	Micro-Site on website- option on top of Membe		
	dividual) - <b>\$25</b> ts, Culture or Heritage Org ulture or Heritage Sector		☐ Individual - \$25 ☐ Non Resident Individual - \$ ☐ Friends - \$100 ☐ Org/Business - \$250	☐ Artist/ Not-For-Profit Organization Membe	ers - <b>\$50</b>	
Membership II	nformation					
Name / Contact Person:		Title / Position:		ļ		
Business / Organization / Studio Name:						
Mailing Address:						
Location of Organization/Business (if open to the public):						
Home Phone: ( ) Email:						
Business Phone: ( ) Website:						
Short Description (15 to 20 words or 100 characters)						
For Individuals (including those with a Family Artist/Artisan Membership)						
In which discipline(s) of the arts do you work?						
_ Dance	☐ Music	☐ Theatre	☐ Visual arts	☐ Design arts		
<ul><li>□ Craft</li><li>□ Culinary arts</li></ul>	0 . ,	<ul><li>☐ Media arts</li><li>☐ Arts Education</li></ul>	☐ Literary arts n ☐ Heritage	<ul><li>□ Arts management</li><li>□ Multi/Inter-Disciplinary arts</li></ul>		
☐ Research	☐ Other/s		G			
What is your role(s)						
<ul><li>□ Artist</li><li>□ Producer</li></ul>	<ul><li>☐ Administrator/Mgr</li><li>☐ Teacher/educator</li></ul>	<ul><li>☐ Architect</li><li>☐ Technician</li></ul>	☐ Curator ☐ Consultant	<ul><li>☐ Business owner/manager</li><li>☐ Community Animator</li></ul>		
□ Media	☐ Supporter	☐ Choreographe		Community Ammator		
Artistic Specialty(ies) (top priority first):						
1						
For Arts -Cultu	ure–Heritage Orga	nizations				
In which discipline(s) of the arts does your organization/business work? (See definitions page)						
What is the role(s) of your organization/business?						
☐ School		Museum	☐ Gallery	☐ Studio tour		
☐ Presenter	☐ Media ☐	☐ Producer	☐ Heritage Site	☐ Arts Business		

For Arts –Culture–Heritage Organizations	(continued from page 1)					
Type of Arts Organization (if checked on page 1)  Visual Theatre Dance Media Design Music  Describe your business or service:	. ,	□ Literary □ Other				
For Supporters: Individuals, Organizations and Businesses						
In which sector does your organization/business work?						
<ul> <li>□ Manufacturing</li> <li>□ Construction</li> <li>□ Legal and Financial Services</li> <li>□ Manufacturing</li> </ul>	<ul><li>□ Retail</li><li>□ Information Technology</li><li>□ Real Estate Services</li></ul>	<ul><li>☐ Health &amp; Wellness</li><li>☐ Personal Service</li><li>☐ Other</li></ul>				
Describe your business or service:						
Check the appropriate box(es) below and add your signature to complete the membership form						
<ul> <li>I understand that the information provided above (excluding any exceptions listed below) will be used by Perth Arts Connect in the following ways:         <ul> <li>In on-line and printed directories designed to promote arts, culture and heritage in Perth County;</li> <li>To contact me with information of interest to Perth Arts Connect members;</li> <li>May be provided to members of the public inquiring about my artistic specialty(s)/business; and</li> <li>Published info may be shared where there is a reciprocal relationship with another member not-for-profit arts organization.</li> <li>For the purposes of the Freedom of Information and Protection of Privacy Act, I/weauthorize and consent to the use of my/our name and address by Perth Arts Connect on the PAC membership webpage.</li></ul></li></ul>						
Please make your cheque payable to Perth Arts Conne						
Membership category \$						
Credit Card Type: ☐ Mastercard ☐ VISA	Total Payment:	\$				
Credit Card#:	•	· ———				
Name on Credit Card:	Signature:					

Perth Arts Connect, Tel: 519-603-3723; Toll Free: 1-888-366-0160; membership@perthartsconnect.ca; www.perthartsconnect.ca Mailing Address: Suite 308, 356 Ontario St. Stratford, On N5A 7X6