



2010 MEMBERSHIP & CONTRIBUTION FORM

Organization: _____

Contact: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

- | | |
|---|---|
| <input type="checkbox"/> Yes, I want to become a member
<input type="checkbox"/> Change of Address or other information
<input type="checkbox"/> I would like all communications via email | <input type="checkbox"/> Please, renew my membership
<input type="checkbox"/> I would like to make a Donation
<input type="checkbox"/> Add me to your email database |
|---|---|

NYS ARTS and NYS ARTS Advocacy HQ offers you the flexibility to select a membership or contribution that works within your budget. Membership is valid for one year from date of payment. Pick from any one of the following options.

The Alliance of **NYS ARTS** Organizations provides professional training for arts leaders, technical assistance for arts organizations and advocacy leadership to increase public funding and advance public policy in the arts.

Your Donation helps support the important work of **NYS ARTS Advocacy HQ** to lobby for increased government support of the arts in New York State. 100% of your donation is used to help increase arts funding in NY State.

Operating Budget	Membership Dues
Under 50,000	\$100
50,000 - 99,999	\$150
100,000 - 199,999	\$250
200,000 - 299,999	\$350
300,000 - 399,999	\$450
400,000 - 499,999	\$550
500,000 - Plus	\$650
Consulting Firm	\$100
Individual	\$50

Operating Budget	Contribution Amount
Under 100,000	\$50
100,000-249-999	\$100
250,000-399,999	\$200
400,000-749,999	\$350
750,000-999,999	\$500
1,000,000-2,999,999	\$750
3,000,000-4,999,999	\$1,000
5,000,000 - Plus	\$2000
Individual	\$50

Members play a vital role in the life and growth of NYS ARTS. In return for their support, members receive benefits and privileges including members-only discounts for webinars, events and promotions.

NYS ARTS Advocacy Headquarters develops NY State arts policies, maintains relationships with lawmakers who vote on arts appropriations and, creates clear, consistent messages about the value of the arts.

TO PAY BY CHECK:

Please mail this form and your payment by check payable to:
NYS ARTS P.O. Box 96, 245 Love Lane Mattituck, NY 11952

NYS ARTS Membership \$ _____

Advocacy HQ Contribution \$ _____

Total Enclosed \$ _____

TO PAY BY CREDIT CARD:

Amex Visa MC

NAME ON CARD: _____

CARD #: _____

Exp. Date: _____ **CVS #** _____

NYS ARTS Membership \$ _____

Advocacy HQ Contribution \$ _____

Total to be Charged: \$ _____ Fax Form to 631-298-1101