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Membership Application

Please choose a membership category:

Full:

I certify that my organization subscribes to the National 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.

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 andybehrens@nationalguild.org. Paragraphs are uploaded onto www.nationalguild.org so that other Guild members 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:

- 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

Business Affiliate: My company/organization is joining for visibility and participation in the community arts education field.

Basic: I/We are joining for information and resources about the National Guild and the field of community arts education.

Your organization:

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 _____

Additional information about your organization (Full and Ed 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.

Individuals receiving benefits:

Please provide information for all individuals in your organization (including yourself) who wish to receive membership benefits (NOTE: Limit 6 for Full members and Education Affiliates, 2 for Business Affiliates, and 1 for Basic members):

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

Secondary 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

I have attached a separate sheet of paper with additional contact information.

How did you hear about us?

Please tell us how you first became aware of the National Guild: _____

Annual membership dues:

My organization's current year operating expenses are \$_____.

Only Full members & Education Affiliates need supply this information. Divisional schools: please provide the annual operating expenses for your community arts education component only, not that of your parent organization.

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**

Basic member: \$100

Amount of payment: \$ _____

Method of payment: Check or Money Order



Acct. # _____

Expiration Date _____ / _____

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
 520 8th Avenue, Suite 302
 New York, NY 10018

Fax: (212) 268-3995

Questions? Email clairewilmoth@nationalguild.org or call (212) 268-3337 ext. 10.