



# 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 blurb about my organization to [andybehrens@nationalguild.org](mailto:andybehrens@nationalguild.org).

Paragraphs are uploaded onto [www.nationalguild.org](http://www.nationalguild.org) so that other Guild members may be familiar with you. Blurbs 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 (non-collegiate):** our programs operate as a division of a larger institution, organization or government agency that is not a university, college or conservatory.
- Collegiate Divisional:** we are a community arts education component of a university, college, or conservatory.

### 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 will be receiving membership benefits (NOTE: Limit 6 for Full members, 2 for Education and Business Affiliates, and 1 for Basic members):

**Primary Contact Name:** \_\_\_\_\_

Position \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ extension \_\_\_\_\_  Use organization's mail address

Use other address: \_\_\_\_\_

Email \_\_\_\_\_

Add email to member listserv (Full members only)     Email announcements from the national office only

**Secondary Contact Name:** \_\_\_\_\_

Position \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ extension \_\_\_\_\_  Use organization's mail address

Use other address: \_\_\_\_\_

Email \_\_\_\_\_

Add email to member listserv (Full members only)     Email announcements 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	<b>\$200</b>	<b>\$175</b>
\$100,000 - \$199,999	<b>\$300</b>	<b>\$240</b>
\$200,000 - \$299,999	<b>\$400</b>	<b>\$320</b>
\$300,000 - \$399,999	<b>\$440</b>	<b>\$350</b>
\$400,000 - \$599,999	<b>\$500</b>	<b>\$400</b>
\$600,000 - \$799,999	<b>\$530</b>	<b>\$425</b>
\$800,000 - \$999,999	<b>\$600</b>	<b>\$480</b>
\$1,000,000 - \$1,199,999	<b>\$660</b>	<b>\$530</b>
\$1,200,000 - \$1,499,999	<b>\$1,000</b>	<b>\$800</b>
\$1,500,000 - \$1,999,999	<b>\$1,200</b>	<b>\$960</b>
\$2 million - \$2,999,999	<b>\$1,500</b>	<b>\$1,200</b>
\$3 million - \$3,999,999	<b>\$2,000</b>	<b>\$1,600</b>
\$4 million and up	<b>\$2,500</b>	<b>\$2,000</b>

**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: ANDY BEHRENS, MEMBERSHIP & MARKETING MANAGER  
520 8<sup>th</sup> Avenue, Suite 302  
New York, NY 10018

**Fax: (212) 268-3995**

Questions? Email [andybehrens@nationalguild.org](mailto:andybehrens@nationalguild.org) or call (212) 268-3337 ext. 10.