

MEMBERSHIP SIGN UP

Name:

Address:

City: Province:

Email:

Telephone:

Fax:

Contact Person:

MEMBERSHIP LEVEL

MEMBERSHIP	COST	SELECT
Youth	\$15.00	<input type="checkbox"/>
Individual	\$35.00	<input type="checkbox"/>
Individual with Website	\$45.00	<input type="checkbox"/>
Group/Family	\$50.00	<input type="checkbox"/>
Affiliate Member	\$75.00	<input type="checkbox"/>
Institutional	\$100.00	<input type="checkbox"/>
Honourary Life Member	N/C	<input type="checkbox"/>
Donation - <i>Please Specify</i>	\$.....	<input type="checkbox"/>

MEMBERSHIP AGREEMENT

I understand that an Arts Council of Agoma membership entitles me to:

- feature events on the www.ssmarts.org website calendar
- vote at the June Annual General Meeting
- opportunities to display/sell work at the ACOA office & participating businesses
- networking opportunities
- discounted advertising rates with ACOA
- features on the ACOA website for the duration of this membership term

ARTISTIC DISCIPLINES

Please check all that apply

- | | |
|------------------------------|--------------------------------|
| Arts Organization..... | Jewelry..... |
| Arts Supplier..... | Literary Arts..... |
| Carving Arts..... | Metalwork/Sculpture..... |
| Crafts..... | Music Arts..... |
| Culinary Arts..... | Performing Arts..... |
| Digital/Graphic Arts..... | Pottery..... |
| Fashion/Beauty/Wellness..... | Skating..... |
| Gardening/Landscaping..... | Tattoo Arts..... |
| Graffiti Arts..... | Textile/Fabric/Fibre Arts..... |
| Hair/Esthetics/Makeup..... | Traditional Arts..... |
| Interior Design..... | Visual Arts..... |

MEMBERSHIP PREFERENCES

Please check all that apply

- I am interested in volunteer opportunities.....
- I am interested in mentorship opportunities.....
- I am interested in teaching opportunities.....
- I am interested in writing features for the ACOA newsletter.....
- I would like to be included in the Artist Directory.....
- I would like to be featured on the ACOA Website.....

PAYMENT

Cash..... Cheque..... PayPal (info@ssmarts.org)..... Credit Card.....

CREDIT CARD INFO

Visa..... MasterCard..... American Express..... Discover.....

Card Number: CVV: Exp:

Cardholder:

Signature:

*Please return completed form to 104A-369 Queen Street SSM ON,
or email to info@ssmarts.org*

*Thank you for your interest in the Arts Council of Algoma. Upon confirmation of payment, we will
contact you with your membership number.*