

MILLINGTON ARTS COUNCIL MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Membership Level:	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Facebook:	Instagram:

ARTIST INFORMATION

Business Name:		
Business Address:		Media/Form:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Website:	Instagram:	Facebook:

2017 MEMBERSHIP LEVELS

BENEFITS	STUDENT \$20	ARTIST \$50	FAMILY \$75	ARTS ADVOCATE \$150	ARTS PATRON \$500	ARTS AMBASSADOR \$1000
QUARTERLY NEWSLETTER	X	X	X	X	X	X
20% DISCOUNT ON MAC EVENTS/ WORKSHOPS	X	X	X	X	X	X
MAC TEACHING OPPORTUNITIES		X	X	X	X	X
LISTING IN ARTIST DIRECTORY		X	X	X	X	X
LINK TO ARTIST WEBSITE		X	X	X	X	X
BUSINESS LISTING WITH LINK				X	X	X
TICKETS TO PLAYHOUSE 51 PERFORMANCES				2	4	8
AD NEWSLETTER/MAC EVENTS						X

BUSINESS INFORMATION (ARTS ADVOCATE & ABOVE)

Business Name:		
Business address:		Business Type:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Website:	Instagram:	Facebook:

VOLUNTEER PREFERENCES (CHECK ALL THAT APPLY)

ADMIN TASKS:	EVENT STAFFING SUPPORT:	ART EXHIBITS:
GOAT DAYS:	YOUTH ART CLASSES:	CHILDREN ART CLASSES:
ARTS TEACHING:	SUMMER ARTS CAMP:	SUMMER THEATRE CAMP:

FAMILY MEMBERS IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name

SIGNATURE

I verify the information provided is accurate. Electronic applicants may visit <https://www.paypal.com/fundraiser/charity/206004> to pay membership fees for selected membership level. PayPal will provide an electronic tax receipt. My typed name signifies my approval for electronic form submission to millingtonartscouncil@gmail.com. Membership applications may also be mailed to 7743 Church Street, Millington, TN. Please make checks payable to Millington Arts Council.

Signature of applicant:	Date:
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