



Membership Application For Non-Profit Organizations

Please complete **both sides** of the following form and return it along with payment to:
Zach Flock, Program Associate / Arts Council of Erie / 3 E. 4th St., Suite 10 / Erie, PA 16507
Payment must be received by **July 30, 2008** in order to be listed on our new letterhead.

Organization: _____

Director: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Primary Contact (if other than Director): _____

Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Alternate Contact: _____

Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Marketing / Public Relations Contact: _____

Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Application continued on reverse...

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...continued from reverse

Select the Membership Level of your choice:

LEVEL 1 (\$50) LEVEL 2 (\$100) LEVEL 3 (\$175) LEVEL 4 (\$300)

For LEVEL 2 Membership and higher:

Select preferred method for receiving notification of Arts Council grant opportunities:

E-mail to the following address: _____

Post-mail to the following contact: _____

For LEVEL 3 and 4 Members Only: Provide a description of your organization for use in our online Member Directory:

Payment Method:

Cash Check (Payable to 'Arts Council of Erie') Visa MasterCard

For credit card payments:

Card #: _____ Exp. Date: _____

Name on card: _____

Authorized Signature: _____ Date: _____

Please return this form and payment* to:

Zachary Flock, Program Associate
Arts Council of Erie
3 E. 4th Street, Suite 10
Erie, PA 16507

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