



# ARTS COMMUNITY MEMBERSHIP

- INDIVIDUAL For artists or cultural workers  
 ORGANIZATION For arts or cultural organization or business

PROMOTE | LEARN | EARN | NETWORK

## 1. About You

- Renewal  New Membership  
 No change to my information (except otherwise indicated)

Prefix	Individual Name	Organization/Business		
Address		City	Prov	Postal Code
Phone	Mobile	Fax		
Email		Website		
<b>For Organizations/Businesses to fill out</b>				
Prefix	Primary Contact	Title		
Phone	Email			

### Your discipline (select one):

- Artisan  Dance  Literary Arts  Media Arts  Multidisciplinary  Music  Theatre  Visual Arts

### How can we help you?

- Exhibition and performance opportunities  
 Information and Arts community news  
 Professional development  
 Representation through advocacy  
 Help with marketing and promotion  
 Access to resources and expertise  
 Networking  
 Mentorship  
 Preferred rates on rentals and services  
 Other: \_\_\_\_\_

### What is your level of practice? (select one)

- Student  
 Recreational/Amateur  
 Emerging professional  
 Established professional

### What is your role? (select one):

- Artist  
 Arts educator  
 Art services provider  
 Cultural worker

### Communication (select all applicable):

- Emails  
 Mail  
 Phone calls

### Language:

- English  
 French

### How did you hear about us?

- Online  Social Media  
 Marketing  Event  
 Referral \_\_\_\_\_  Email  
 Other \_\_\_\_\_

## 2. Consent

**Online Artist Profile:**  Yes, I would like to have a page on [artsoe.ca](http://artsoe.ca)

No, I decline at this time.

**Email:**  Yes, I wish to receive emails from AOE Arts Council

No, I decline at this time.

**Volunteering:**  Yes, I would like to volunteer. Contact me.

No, I decline at this time.

**Images:**  Yes, I hereby authorize AOE Arts Council to keep any shared image(s) of my work and post them, or any part of the image(s), for promotional purposes on the Arts Council websites, marketing materials or in their publications with full credit.

No, I decline at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. Fees and Payment

Membership Fee	Amount
<b>INDIVIDUAL (\$30)</b> For anyone who is an artist or cultural worker	<input type="checkbox"/> \$30.00
<b>ORGANIZATION (\$50)</b> For arts organizations with budgets of \$25,000 and under	<input type="checkbox"/> \$50.00
<b>ORGANIZATION (\$85)</b> For arts or cultural organization or business with a budget between \$25,001 and \$100,000	<input type="checkbox"/> \$85.00
<b>ORGANIZATION (\$100)</b> For arts or cultural organization or business with budgets between \$100,001 and \$1 million	<input type="checkbox"/> \$100.00
<b>ORGANIZATION (\$125)</b> For arts or cultural organization or business with budgets over \$1 million	<input type="checkbox"/> \$125.00
Donation	Amount
<b>AOE Arts Council is a non-profit registered charity #121777023RR0001</b> We value your support to continue our work in the Ottawa Arts community. Tax receipts are issued for donations of \$20 or more. Levels of recognition: <b>DONOR \$25 FRIEND \$50 SUPPORTER \$100 PATRON \$250</b>	<input type="checkbox"/> \$25.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 <input type="checkbox"/> \$250.00 <input type="checkbox"/> \$_____ Other amount
Total fees and donation	
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE payable to: <i>Arts Ottawa East-Est</i> Cheque # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard  Card number _____ Expiry (MMYY) : _____  Name on card _____  Signature _____	<b>For AOE Arts Council use only:</b> Authorization # _____ <input type="checkbox"/> Database <input type="checkbox"/> Payment <input type="checkbox"/> Email List <input type="checkbox"/> Artist Profile <input type="checkbox"/> Receipt Expiry date: _____ <input type="checkbox"/> Tax Receipt <input type="checkbox"/> Thank you letter

Thank you for joining our Arts  
community