



Arts Council of Northumberland

www.northumberlandarts.ca

Membership Application

Applicant Details

Membership Category: 1. Individual <input type="checkbox"/> \$20. (choose one)		2. Organization <input type="checkbox"/> \$30	
3. Friend of the Arts: Individual <input type="checkbox"/> \$20.		4. Friend of the Arts: Business <input type="checkbox"/> \$30	
Name of Individual, Organization or Business:			
Existing Member (renewal) <input type="checkbox"/>		No change in details <input type="checkbox"/>	
Web Site URL:			
Contact Name (if Organization or Business):		Billing Name (if Org.or Business): Same as Contact <input type="checkbox"/>	
Contact Address:		Billing Address:	
Telephone Number Day <input type="checkbox"/> Night <input type="checkbox"/>		Telephone Number Day <input type="checkbox"/> Night <input type="checkbox"/>	
E-Mail Address:		E-Mail Address:	

Please select the category you would like your organization or yourself to be listed under on our website

Theatre <input type="checkbox"/>	Music <input type="checkbox"/>	Heritage <input type="checkbox"/>
Visual Arts <input type="checkbox"/>	Dance <input type="checkbox"/>	Friend of the Arts <input type="checkbox"/>
Film <input type="checkbox"/>	Literary Arts <input type="checkbox"/>	Other (Explain)
Crafts <input type="checkbox"/>	Community <input type="checkbox"/>	

Benefits	Individual \$20.00	Organization \$30.00	Friend - Business \$30.00	Friend - Individual \$20.00
Access to the long term schedule information of all members	✓	✓	✓	✓
Publicity on ACN Web site	✓	✓	✓	
Link to web site	✓	✓	✓	
Personal ACN web page	✓			
E-Mailed Newsletter	✓	✓	✓	✓
Access to members' web forum	✓	✓	✓	✓
Vote at ACN Annual Meeting	✓	✓	✓	✓

Members agree:

- To pay fees each year
- To supply their activity schedule on a timely basis.
- To notify ACN of any change in information supplied on this form.

Signature: _____ **Date:** _____

Send application and cheque to: **Arts Council of Northumberland**, P.O. Box 673, Cobourg, ON K9A 4R5