

MEMBERSHIP APPLICATION FORM

salt spring arts council



CONTACT INFORMATION

Last Name: _____ First Name: _____

Organization Name: _____ Contact Person: _____

Organization Type: Guild Co-operative Not-for-profit Other: _____

Street Address: _____

Postal Code: _____

Postal Address: _____

Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____

Fax: _____ Email: _____ Website: _____

Social Media: Facebook Twitter: _____

MySpace LinkedIn: _____ Other _____

New Membership Membership Renewal

MEMBERSHIP CATEGORY			
	Category	Annual Fee	Qualification
<input type="radio"/>	Individual	\$25.00	None
<input type="radio"/>	Student	\$10.00	Full-Time Student with a valid Student Card
<input type="radio"/>	Organization	\$50.00	Society, Guild, Educational Institution, Co-Operative, Club or other Not-for-profit

Membership fees include a free basic listing on the SSAC Web Site. I/We wish to be listed Yes No. If Yes please tick all that apply:

Name Organization Name Business Name: _____

Contact By: Phone (H) (W) (C) Email Web Other: _____

Category: Applied Arts Literary Arts Media Arts Performing Arts Visual Arts

Other: _____

VOLUNTEERING

As residents of a small yet rich arts community, many of our members enjoy getting involved in Arts Council Activities, as participants and as volunteers. We offer a wide variety of opportunities for you to add your passion, skills and experience to support the arts on Salt Spring. You can serve on one of our standing committees or lend a hand on specific projects or events.

I would like to volunteer for the Salt Spring Arts Council. My areas of interest are:

- | | |
|---|--|
| <input type="checkbox"/> Administration (word processing / data entry / telephone / email / filing) | <input type="checkbox"/> Advocacy (legal / lobbying) |
| <input type="checkbox"/> Communications (public relations/writing/web/social media/graphic designer) | <input type="checkbox"/> Documentation (photography/archiving) |
| <input type="checkbox"/> Finance (financial planning / accounting / bookkeeping) | <input type="checkbox"/> Events (planning / organizing / working) |
| <input type="checkbox"/> Human Resources (recruitment / volunteer coordination) | <input type="checkbox"/> Fund Raising (grant writing) |
| <input type="checkbox"/> Sales (marketing / merchandising / selling) | <input type="checkbox"/> Research |

PAYMENT

I/We would like to make a donation to the Salt Spring Arts Council (The SSAC is a Registered Charity. Donations are tax deductible)

\$25 \$50 \$75 \$100 Other Amount: _____

We would like to acknowledge Donors who contribute \$100 or more with a listing on our website.

I/We would like my/our name to be publicized. Yes No

I/We would like to receive email updates: Yes No If Yes SSAC Announcements Member-to-Member Announcements

Membership Fee \$	+Donation \$	= Total \$
Payment by: <input type="checkbox"/> Cheque(please make payable to Salt Spring Arts Council) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Name on Card:		Card Number:
Expiry: /	Signature:	
Return to the Salt Spring Arts Council, 114 Rainbow Road, Salt Spring Island, BC V8K 2V5 Tel: 250.537.0899 Fax: 250.537.1678 Email: info@ssartscouncil.com Web: www.ssartscouncil.com		

Office Use Only

Date Entered.

Membership Number

Membership Year

Notes