

### Step 1: Membership Contact Information

|   |            |     |
|---|------------|-----|
| Name  |            |     |
| Title                                       |            |     |
| Organization                                |            |     |
| Email                                       |            |     |
| Business Phone                              | Cell Phone |     |
| Home Phone                                  | Fax        |     |
| Street address                              |            |     |
| City  | State      | Zip |
| Secondary Contact: (for ACCGR records only) |            |     |
| Name  |            |     |
| Title                                       |            |     |
| Email                                       |            |     |
| Business Phone                              |            |     |

E-mail opt-out: I do not wish to receive periodic special announcements.

### Step 2: Directory Information

**A.** Please indicate the categories that best describe your organization:

- |                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Cinema    | <input type="checkbox"/> Literature        | <input type="checkbox"/> Music       |
| <input type="checkbox"/> Dance     | <input type="checkbox"/> Media             | <input type="checkbox"/> Theater     |
| <input type="checkbox"/> Education | <input type="checkbox"/> Multidisciplinary | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Gallery   | <input type="checkbox"/> Museum            | <input type="checkbox"/> Other _____ |

**B.** Additional information to be included in the online directory:

|                                |       |     |
|--------------------------------|-------|-----|
| Organization street address    |       |     |
| City                           | State | Zip |
| Contact Name <i>(optional)</i> |       |     |
| General Information Email      |       |     |
| Website                        |       |     |

**C.** Please attach a description of your organization, limit 30 words. This information will be published in the online directory at ArtsRochester.org.

**D. Permission** — By signing this form, I give permission to the Arts & Cultural Council for Greater Rochester to publish the directory information provided, in both printed and online publications, including the member directory at ArtsRochester.org.

\_\_\_\_\_  
 Authorized Representative Signature Date

### Step 3: Membership Rates

Membership rates are based on an organization's annual budget.

| Annual Budget             | Rate  |
|---------------------------|-------|
| Less than \$25,000        | \$50  |
| \$25,000 — \$50,000       | \$125 |
| \$50,000 — \$249,999      | \$175 |
| \$250,000 — \$499,999     | \$250 |
| \$500,000 — \$1,499,999   | \$350 |
| \$1,500,000 — \$2,499,999 | \$450 |
| Greater than \$2,500,000  | \$600 |

Please indicate your organization's current annual budget: \$ \_\_\_\_\_

Membership rate (see above): \$ \_\_\_\_\_

### Step 4: Payment Options

**Total payment:** \$ \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Enclosed is a check, payable to:  
 Arts & Cultural Council for Greater Rochester
- We already paid online — here is our PayPal transaction number:  
 \_\_\_\_\_

Please charge my:  Visa  MasterCard

Account # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card (please print) \_\_\_\_\_

Billing address (street/zip) \_\_\_\_\_

Signature (required) \_\_\_\_\_

### Step 5: Return Form

**Please return your completed form with payment to:**

Arts & Cultural Council for Greater Rochester  
 31 Prince Street  
 Rochester, NY 14607

Fax: (585) 473-4051

For questions or to learn more about the benefits of membership, please contact the Arts & Cultural Council at (585) 473-4000 or visit ArtsRochester.org.