

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.	CVV
Name on card (please print)		
Billing address (street/zip)		
Signature (required)	Date	

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.