



AAC Artist Membership Form

Advancing the Arts in Lethbridge

Date: _____
Name: _____
Address: _____ Postal Code _____
Phone: _____
Email: _____
Website/Social Media _____

- I am interested in volunteering with the Allied Arts Council of Lethbridge
 I would like to receive the AAC e-newsletter
 I would like to receive Casa gallery notices and the Casa e-newsletter
In accordance with Canada's anti-spam laws; we require permission, annually, to continue sending electronic newsletters to our membership.

Membership Cost: \$25

Make a Donation

- \$25 \$50 \$100 Other _____
Charitable tax receipt will be issued

Method of Payment

- Cash Cheque Visa MasterCard Debit
Card Number: _____ Expiry Date: _____
Amount: _____ 3 digit CSV# _____

Receipt # _____ sumac ad web e



Artist Membership in the AAC requires that an individual is engaged in artistic endeavors.

We will include a description of your arts activities on our website and in the Arts Directory. Listings are a maximum of 250 characters and we reserve the right to edit for consistency of presentation and space.

If this is a renewal of membership, has the description of your artistic activities changed?

Yes No

If yes, please provide any modifications below.

Release:

I, _____, authorize the Allied Arts Council of Lethbridge to include my name and contact information in publications such as the AAC Arts Directory and the AAC Website (www.artlethbridge.org). I also give permission to share my contact information with parties interested in my arts services.

(We do not sell or share our mailing list)

Your Signature: _____



AAC Associate Membership Form

Advancing the Arts in Lethbridge

Date: _____
Name/Organization: _____
Contact: _____
Address: _____
Phone: _____
Email: _____
Website/Social Media: _____

- My organization is interested in volunteering with the Allied Arts Council of Lethbridge
 - I would like to receive the AAC e-newsletter
 - I would like to receive Casa gallery notices and the Casa e-newsletter
- In accordance with Canada's anti-spam laws; we require permission, annually, to continue sending electronic newsletters to our membership*

Membership Cost: \$50

Make a Donation

\$25 \$50 \$100 Other _____

Charitable tax receipt will be issued

Method of Payment

Cash Cheque Visa MasterCard Debit

Card Number: _____ Expiry Date: _____

Amount: _____ 3 digit csv# _____

Receipt # _____ sumac mc ad web e



An individual, group, business corporation, ad-hoc arts organization and collectives engaged in or supportive of artistic endeavours

We will include a description of your organization's arts activities on our website and in the Arts Directory* Listings are a maximum of 250 characters and we reserve the right to edit for consistency of presentation and space.

Is the current description of your organization's arts activities accurate?

Yes No

(see: www.artslethbridge.org/Members for your description)

If no, please provide any modifications below.

**The Arts Directory publication deadline is the last day of April. Information received after this date will be published on the AAC website only.*

Release:

I, _____, on behalf of Donor - Contact Information : Organization authorize the Allied Arts Council of Lethbridge to include our name and contact information in publications such as, but not limited to ArtsBridge, Arts in Lethbridge, AAC Arts Directory and the AAC Website (www.artlethbridge.org). I also give permission to share contact information with interested parties.

(We do not sell or share our mailing list)

Your Signature: _____



AAC Friend Membership Form

Advancing the Arts in Lethbridge

Date: _____
Name/Business: _____
Address: _____
Postal Code: _____
Phone: _____
Email: _____

- I am interested in volunteering with the Allied Arts Council of Lethbridge
 I would like to receive the AAC e-newsletter
 I would like to receive Casa gallery notices and the Casa e-newsletter
In accordance with Canada's anti-spam laws; we require permission, annually, to continue sending electronic newsletters to our membership

Membership Cost is \$15
(select one category):

- Individual
 Family
 Business/Corporate

Make a Donation

\$25 \$50 \$100 Other _____
Charitable tax receipt will be issued

Method of Payment

Cash Cheque Visa MasterCard Debit
Card Number: _____
Expiry Date: _____ 3 digit csv # _____
Signature _____

Receipt # _____ sumac mc ad web e