



## **Allied Arts Council of Lake Havasu City, Inc.**

PO Box 314, Lake Havasu City, AZ 86405 855-2098

April 1, 2008 thru March 31, 2009

Mission Statement: The purpose of the Council is to sponsor, coordinate and support the cultural activities of the community; to provide a clearing house for information and development of a Community Cultural Events Calendar; to encourage community participation in these events; and to coordinate the development of and maintenance of a Cultural Fine Arts Center.

The Allied Arts Council is a 501(c)3 nonprofit organization. We invite you to participate in Allied Arts or to help promote the Arts in the following ways:

### **Organization Membership \_\_\_\_\_ \$50.00**

Organizations in Allied Arts Council are asked to send a representative to the monthly meetings to act on behalf of their group. Other organization members are welcome to attend, but only one vote may be cast on behalf of the organization. Organizations should expect to share in committee activities and officer positions, since the Council has no paid staff. Membership entitles organizations to use programs provided by Allied Arts Council such as *Spotlight on the Arts* and the website.

Organization Representative \_\_\_\_\_

Organization Alternate \_\_\_\_\_

### **Individual Membership \_\_\_\_\_ \$25.00**

The individual may be an Artist or an Arts enthusiast. An individual member has voting privileges beginning with the second meeting attended and is expected to attend meetings on a regular basis, participate in committees and events, and consider serving as an officer. An individual may not delegate his vote to anyone else.

### **Individual Friend \_\_\_\_\_ \$25.00 Organization Friend \_\_\_\_\_ \$50.00**

The individual or organization wishes to support the work of the Council but does not intend to attend meetings or otherwise participate on a regular basis. There are no voting privileges.

### **Donors \_\_\_\_\_ \$100 or more**

A donor financially supports the work of the Council and may designate the use of the donation.

Donor status does not include membership or voting privileges.

Scholarship \_\_\_\_\_, Spotlight \_\_\_\_\_, PAC \_\_\_\_\_ New Arts Center \_\_\_\_\_, General Fund \_\_\_\_\_

NAME:

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MAILING ADDRESS:

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CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP:

\_\_\_\_\_

PHONE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_