



Allied Arts Council of Lake Havasu City, Inc.

PO Box 314, Lake Havasu City, AZ 86405 * 855-2098 *
www.havasuart.com

Membership Options for Visual and Performing Artists and Instructors Through 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:

Please join us at the Allied Arts Council in support of the local Arts Scene and be listed as a Visual or Performing Artist and/or Instructor in our publications and Web Site. You may select from the following options.

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 _____

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.

LISTING PREFERENCES:

Artist (Visual or Performing) Instructor Both

Area of Expertise.....

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NAME:

MAILING

ADDRESS:

CITY: _____ STATE: _____ ZIP:

PHONE: _____

TODAY'S

DATE:

E-MAIL

ADDRESS:

Please return with your check to P.O. Box 314, LHC, AZ 86404