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# SHORELINE *Arts* ALLIANCE

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## Member Organization Membership Form

Date \_\_\_\_\_

Member Organization \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Web address \_\_\_\_\_

Please provide a brief description of your organization \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No change from previous year \_\_\_\_\_

### Membership Dues

\_\_\_\_\_ New \_\_\_\_\_ Renewal

#### **Not-for-profit Organizations with 501-c-3 status:**

\_\_\_\_ Annual Budget of less than \$ 20,000 \$75  
\_\_\_\_ Annual Budget of less than \$200,000 \$150  
\_\_\_\_ Annual Budget of less than \$500,000 \$250  
\_\_\_\_ Annual Budget of more than \$500,000 \$350

#### **For-Profit Organizations & Businesses:**

\_\_\_\_ Annual Budget of less than \$200,000 \$150  
\_\_\_\_ Annual Budget of less than \$500,00 \$250  
\_\_\_\_ Annual Budget of more than \$500,000 \$350

**Checks made payable to: Shoreline Arts Alliance & mailed to 63 Wall Street, Madison, CT 06443**

**To pay by credit card please call the office – 203.421.6739**