

INDIVIDUAL MEMBERSHIP APPLICATION



Mr. Miss Mrs. Ms. Dr.

Name			Work/Day Telephone Number	
Address			Home/ Evening Telephone Number	
City	State	Zip	Fax Number	
Email		Website		
Employer or Your Company Name				

INDIVIDUAL MEMBERSHIP \$100/ year

AR LTR MN

Open to artists, arts administrators and arts consultants

Applicants must be able to produce at least one of the following in support of their application for membership:

- Proof of current membership in a professional artist association or society. It does not have to be a CAGW member organization.
- Proof of employment by an arts organization (theater, gallery, publication, etc.) either fulltime or on a consultancy basis.
- Evidence of independent arts activity on a professional level during the last three years (poetry, publications, records of performances, documented gallery showings, etc.).
- Examples of works-in-progress or participation in classes and/or workshops intended to further cultural arts involvement (may include such things as photos of visual artworks or as yet unpublished writing samples) that has been started or completed within the last three years.
- References from instructors or supervisors able to attest to your involvement in cultural arts in the Greater Washington, DC region during the last three years.

SELECT A DISCIPLINE CATEGORY

Only Select ONE:

- | | | |
|-----------------------------------------------------------|---------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Arts Education | <input type="checkbox"/> Dance | <input type="checkbox"/> Music |
| <input type="checkbox"/> Business Volunteers for the Arts | <input type="checkbox"/> Film/ Video/ Media | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Consultant/ Arts Management | <input type="checkbox"/> Literary Arts | <input type="checkbox"/> Visual Arts |

WEBSITE DIRECTORY

If you would like to have your telephone number listed on the website, please check where appropriate.

Select one Work Home Other _____

SELECT A METHOD OF PAYMENT

- | | | |
|-----------------------------------------------|--------------------|---------------------------|
| <input type="checkbox"/> Check or Money Order | Card Number: _____ | Exp. Date: ____/____/____ |
| <input type="checkbox"/> Visa | Card Holder: _____ | Date _____ |
| <input type="checkbox"/> Master Card | | |
| <input type="checkbox"/> American Express | | |

Mail application, payment and supporting materials to:

THE CULTURAL ALLIANCE OF GREATER WASHINGTON
1436 U Street, NW, Suite 103, Washington, DC 20009-3997

Applications with faxable supporting materials that include a credit card payment can be faxed to 202-638-3388.