



MEMBERSHIP FORM

Name: _____

Organization: _____

Street Address: _____

City, State, ZIP: _____

Best phone no. to reach you: _____ Alternative: _____

Email: _____ Fax: _____

Web Site Address: _____

ANNUAL MEMBERSHIP FEES:

Individual Membership: \$45 Organizational Membership: \$75*

Annual Membership Fees should be submitted with this form

Please make check payable to: Alexandria Arts Alliance

Mail the form and check to:

Alexandria Arts Alliance
P.O. Box 26425
Alexandria, VA 22313

For more information, please contact:

Pat Miller, President
Pmiller1806@comcast.net

Alan Wile, Treasurer
703-538-6526 or alan.wile@comcast.net

* Organizational membership allows multiple individuals from your organization (staff, board, volunteers, or members) to participate in Alexandria Arts Alliance activities but represents only one vote at meetings. Please provide the names and contact information for two additional contacts and list additional e-mail addresses for event notification on the reverse side of this sheet so we may add them to the membership mailing list. Participating individuals of an organization may change during the year.



TWO ADDITIONAL CONTACTS FOR ORGANIZATIONAL MEMBERSHIPS

Name: _____

Organization: _____

Street Address: _____

City, State, ZIP: _____

Best phone no. to reach you: _____ Alternative: _____

Email: _____ Fax: _____

Name: _____

Organization: _____

Street Address: _____

City, State, ZIP: _____

Best phone no. to reach you: _____ Alternative: _____

Email: _____ Fax: _____

ADDITIONAL E-MAIL ADDRESSES FOR EVENT NOTIFICATION
