



ARTSBOSTON MEMBERSHIP APPLICATION

September 1, 2015 - August 31, 2016

Thank you for your interest in ArtsBoston – we look forward to working with you!

Please complete and mail or email the following form to apply for membership to ArtsBoston. To facilitate the approval process, please include all relevant documentation about your organization.

If you have any questions, please contact Victoria George at victoriag@artsboston.org or 617.262.8632 x225.

Organizational Information

Organization Name _____

(If your organization is an individual department or program of a larger institution, e.g. college or university, please indicate the specific entity seeking membership.)

Mailing Address (Street, City, State, Zip): _____

Primary Performance Address (if applicable): _____

Administrative Telephone (for our use): _____ Public Telephone (for customer use): _____

Website: _____ General Contact Email (for customer use): _____

Facebook: _____ Twitter: _____ Instagram: _____

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www.aafcpa.com



ARTSBOSTON
TAKE YOURSELF TO A NEW PLACE

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Staffing Information

Please share your organization's staffing size to help quantify the impact ArtsBoston members have on the Greater Boston economy.

Full-time Staff: _____

Part-time Staff: _____

Please list all of your organization's staff members that should know about special announcements, marketing promotions, BosTix discount ticketing opportunities, and industry comp ticket offers available exclusively for ArtsBoston members.

First Name	Last Name	Title	Email Address	Phone Number

Membership Application Requirements

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The following must be included with your Membership Application:

- A brief description of your organization and its mission, as well as your expectations about joining ArtsBoston
- A copy of your 501(c)(3) IRS tax exempt letter, if applicable
- A completed IRS Form W-9 (Click [HERE](#) to access the form on the IRS website)
- ArtsBoston Members must include an ArtsBoston logo on your organization's website with a link to www.ArtsBoston.org and/or in your performance programs. Logos can be downloaded at <http://calendar.artsboston.org/logos-and-images/>.



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Payment Information

Your ArtsBoston membership payment is based on your organization's annual operating expenses and tax status.

Annual Operating Expenses: _____ Tax Status: Nonprofit Commercial
(Please make sure annual operating expenses listed matches specific entity that is renewing membership.)

Membership Rates		
Annual Operating Expenses:	Nonprofit:	Commercial:
Under \$50,000	\$190.00	\$295.00
\$50,000-\$100,000	\$285.00	\$390.00
\$100,001-\$500,000	\$535.00	\$850.00
\$500,001-\$1,000,000	\$820.00	\$1,290.00
\$1,000,001-\$5,000,000	\$1,250.00	\$1,690.00
\$5,000,001 +	\$1,690.00	\$2030.00

If you are applying before March 1, 2016, your dues can be pro-rated by taking the full year amount, dividing by 12 and multiplying by the number of months between now and August 31, 2015.

If you are applying after March 1, 2016, your dues will be 50% of the full year amount.

Membership Payment (based on chart above): _____

Payment Options (please select one of the following):

I would like to pay by check.
*(Please make check payable to **ArtsBoston**.)*

I would like to pay by credit card.
(Please call Victoria at 617-262-8632 x225.)

If you are submitting your application via mail, please send completed form, relevant documentation, and payment to:
ArtsBoston, Attn: Victoria George, 31 St. James Ave, Suite 360, Boston, MA 02116

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