

## MEMBERSHIP FORM

Select One: ☐ New ☐ Renewing ☐ Return	ning ID Number:	
Select a Membership Type:		
Individual		
	te (\$75) $\square$ Innovator (\$150) $\square$ Entrepreneur (\$250) at the \$75 level or above to be eligible for scholarships, bookstore, and eve	nt discounts
$\square$ Basic (\$75) $\square$ Choice (\$	200)	1,250)
☐ Premium Bronze (\$2,500)	☐ <b>Premium Silver</b> (\$5,000) ☐ <b>Premium Gold</b> (\$7,500)	
Primary Contact Name:	Title:	
Organization:		
	Zip Code:	
Primary Contact Email:		
	Select One:	]Home □Cell
Payment Method: □AMEX □ [	Discover □ MasterCard □ Visa □ Check □ Purcha	se Order
Card Number:	Exp. Date:	
Name on Card:		
December on Ourland		
☐ Issue Receipt to Above ☐ Issu	e Receipt Attn:	
	Email:	
Organizational plans include all boa	ard members and commissioners and the following number o	of staff members:
<b>Basic</b> (\$75): up to 1 <b>Choice</b> (\$200): up to 5	Core (\$300): up to 10         Preferred (\$1,250):           Strategic (\$750): up to 15         Premium levels: un	

To add or update staff and board lists, please send first and last name, title, and email addresses for each individual beneficiary to membership@artsusa.org.