

For Alliance use
Renewal date:

INDIVIDUAL MEMBERSHIP FORM

Name			
Address	City/State/Zip		
Phone 1	Phone 2		_
E-mail address			
Web site			
Visual Artist / Media			
Performing Artist / Genre(s)			
Writer / Genre(s)			
Other:			
Do you teach classes or give workshops? Ple		l age group:	
Referred by (optional) This information will appear in the Alliance's of fields to be posted by listing them here:		e indicate if you do r	not wish certain
Membership fees for one year:			
Type Junior (under age 18) Student (college student with ID)	Rate \$13 (\$10 if paying by check) \$28 (\$25 by check)	Selection	Submit payment online at
General (e-mail communication only) General (postal communication once/month) Family (multiple e-mail addresses OK)	\$58 (\$55 by check) \$68 (\$65 by check) \$85 (\$82 by check)		knoxalliance.com /thankyou.html
Supporting Supporting	Any amount		
I wish to join the Alliance as a supporting mem member, I'd like to make the following donation		ve bi-weekly newslett	ers. As a supporting
If paying by credit card: Visa or MC #	Exp. Date		
CVV code (3-digits on back of card):	Total donation amoun	t:	

Please return this form and dues to:
The Arts & Culture Alliance, P. O. Box 2506, Knoxville, TN 37901
(865) 523-7543 | FAX (865) 523-7312 | info@knoxalliance.com