



ARIZONA PRESENTERS ALLIANCE

MEMBERSHIP APPLICATION

Please provide the following info as you wish it to appear in the Arizona Presenters Alliance Directory:

Name _____ Date _____

Position/Title _____ Employee _____ Volunteer _____

Organization _____

Address – Street/PO Box _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-mail _____ Website _____

Type of Membership (Check All Applicable Categories)

_____ Presenting Organization with Annual Artist Fees of:

___ \$0-\$25,000 \$ 50.00/year \$ _____

___ \$25,000 - \$150,000 \$ 90.00/year \$ _____

___ \$150,000 + \$130.00/year \$ _____

_____ Affiliate Organization \$ 50.00/year \$ _____

_____ Associate Members\$ 20.00/year per person
(Above category includes additional persons joining under the auspices
of a Presenting or Affiliate Member Organization).

Name of Associate _____ \$ _____

Name of Associate _____ \$ _____

Name of Associate _____ \$ _____

_____ Individual Member..... \$30.00/year artists \$ _____

\$50.00/year non-artists \$ _____

_____ Business Member..... \$150.00/year \$ _____

Total Amount Due \$ _____

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Please make payments to Arizona Presenters Alliance (Federal Tax ID Number #86-0842703) and mail application and payment to: Arizona Presenters Alliance; P.O. Box 41646; Mesa, AZ 85274-1646.