



**ARTS & CULTURE
COUNCIL OF
BURLINGTON**

ACCOB MEMBERSHIP FORM

Contact Info:

Name (individual/business/organization)

Address _____ City _____

Province _____ Postal Code _____ E-mail _____

Phone _____ Website _____

_____ *Yes, I want my website included in the ACCOB website Members Directory*

Group/Corporate member:

Name of primary contact _____ Title _____

E-mail _____ Phone _____

Discipline: check all that apply

Visual Arts Photography Music Literary Theatre Dance Fine Crafts
 Textile Media Arts Design Ceramics Culture/Heritage Arts & Culture Supporter
 Creative Agency Other

Founding Membership options:

INDIVIDUAL \$25 _____ GROUP \$50 _____

1: Email the form to artscultureburlington@gmail.com

2. E-transfer the appropriate membership fee to: artscultureburlington@gmail.com

3. Alternatively, write a cheque made payable to: "Arts and Culture Council of Burlington" and mail to:

Membership ACCOB, 4104 Fairview Street, Suite 232, Burlington, ON L7L 4Y8

Donation Amount: \$20 _____ \$50 _____ \$100 _____ Other _____

Volunteering: Are you able to volunteer on a committee, at events or in other ways (explain)

MEMBERSHIP _____ FUNDRAISING _____ SPECIAL EVENTS _____ OTHER _____

Thank you for your support!

For ACCOB use: Membership#: _____ Renewal date: _____