CULTURAL ARTS ALLIANCE at JOHNS CREEK

www.artsalliancejc.org
info@artsalliancejc.org

Membership Application for Organizations

Name of Organization _____

☐ Non Profit ☐ For Profit Date Established _____

Organization's Mailing Address

Street _____ City _____

State _____ Zip Code _____ County _____

Email _____ Website _____

Contact Person _____ Title _____

Contact's Phone _____ Contact's Email _____

Organization's Services _____

_____

Brief description of your organization *(attach description if more space needed)* _____

_____

_____

Membership requires a 10 hour annual donation of time to the Alliance. What contributions do you see your organization making: (*indicate all that apply)*

☐ Events ☐ Promotion/Marketing ☐ Administrative ☐ Advocacy ☐ Other_____

I advise that I am authorized to sign this application and to act on behalf of this organization, and by my signature, the organization agrees to comply and act within the CAAJC Organizational Development Statement, which we have received and read.

_____ _____ _____

Signature Title Date

DISCLAIMER: Application subject to review by the Cultural Arts Alliance at Johns Creek (CAAJC). *Membership in the CAAJC does not constitute an endorsement, approval, promotion or opinion by the CAAJC, through its alliance, directors, member organizations, or individual members, as to the content of the art and/or materials promoted by any member or members. Neither the CAAJC not its directors, member organizations, or individual members shall be responsible, directly or indirectly, for such content or materials promoted by any other member organization or individual.*

Membership Rates for Organizations:

$50 annual dues *(cover period of January 1 to December 31)*

Payment Enclosed $_____ Check # _____

Make Checks Payable to:

Cultural Arts Alliance at Johns Creek
11877 Douglas Rd, Ste 102-295
Johns Creek, GA 30005