MEMBERSHIP APPLICATION
Please write legibly

Name: ____________________________ Date: ____________

Last               First

Organization/Title:

Address:                       City/State/Zip:

Phone:                        Fax:                        Email:

Website:

Artistic Discipline

--check all that apply--

☐ Theatre        ☐ Visual Art       ☐ Dance          ☐ Multidisciplinary

☐ Writing       ☐ Film/Video      ☐ Music          ☐ Other: ______

Membership & Fees

☐ Organization  ☐ Individual      ☐ Patron         ☐ Student/Senior

$150          $35                $35             $25

Amount enclosed: $ ______________

Mail completed application and appropriate fee to:  African American Arts Alliance of Chicago

4450 N Clark Street

Chicago, IL 60640

4450 N. Clark Chicago, IL 60640
Phone –773-754-3923
Fax – 773-769-4533

Annual Membership