



MEMBERSHIP FORM

Your membership is an important and vital source of support to the Newark Arts Council. Your support allows us the financial support that is critical to sustaining our operations, but it also represents to the broader community and to funders that you believe this organization is worthy of their support. Especially in these times of economic crisis, it tells the leadership of this community that you believe the arts are important to your quality of life. We look forward to your active partnership in making Newark a center of creativity and the arts.

Artist Benefits: Artists who are NAC members will be added to our artists directory and if interested can also submit work for exhibition at the Newark Arts Council. The exhibition is curated so you will have to submit your work to the Newark Arts Council by email to Luisa Pinzon at lpinzon@newarkarts.org.

Membership Benefits Include:

20% off all drinks at The Coffee Cave, 45 Halsey St.

10% off all supplies \$10 and up, Art Supply Store, 61 Halsey St.

Free small coffee or tea with the purchase of a pressed sandwich, Art Kitchen, 61 Halsey St.

10% off art over \$50, Seed Gallery, 239 Washington St.

10% off art over \$50, Aljira, a Center for Contemporary Art, 591 Broad St.

1 Free week of visual art classes, Newark School of the Arts, 89 Lincoln Park

Select Your Level of Giving:

Individuals (Artists and Arts Patrons)

- Sustaining \$500.00
- Benefactor \$200.00
- Sponsor \$100.00
- Patron \$50.00
- Associate \$35.00

Businesses/Corporations/Foundations

- Sustainer \$500.00
- Benefactor \$500.00
- Sponsor \$250.00
- Patron \$100.00
- Associate \$50.00

Arts Organizations (By Budget Size)

- \$1,000,000+ \$250
- \$5,00,000 - 999,999 \$200
- \$3000,000-\$499,999 \$150
- \$100,000- \$299,999 \$100
- Under \$100,000 \$50

Name/s: _____

Address: _____

City, state, ZIP: _____

Phone number: _____

E-mail address: _____

Method of payment:

Check payable to: Newark Arts Council

American Express

Visa

Master Card

Amount: _____

Credit card number: _____

Expiration date: _____

Name as it appears on card: _____

Signature: _____

Please return form and payment to: Newark Arts Council, Attn: Luisa Pinzon, 17 Academy Street, Suite 1104, Newark, NJ 07102. Or e-mail to: info@newarkarts.org.