

# West Valley **ARTS** C o u n c i l

Date Received: \_\_\_\_\_

## MEMBER APPLICATION: Organization

Applicant Information

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

P (Day): \_\_\_\_\_ P (Evening): \_\_\_\_\_

Toll Free Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

General Email: \_\_\_\_\_ Website: \_\_\_\_\_

## Key Staff Information:

Please list your key staff members with their titles, contact information and whether they are paid (P) or volunteer (V) staff members, full time (FT) or part time (PT). Place an astrisk (\*) next to the primary contact person.

Name	Title	Phone	Email	P/V	FT/PT

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Briefly describe your organization. Include the organization's purpose.  
You may attach a brochure or mission statement as well.

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Please check the category that best describes you or your organization

- |   |  |
|---|--|
| <input type="checkbox"/> Artisan Guild, Co-op or Artists' space         | <input type="checkbox"/> Arts Center                           |
| <input type="checkbox"/> Community or Neighborhood Center               | <input type="checkbox"/> Festival or Fair                      |
| <input type="checkbox"/> Film/Media Organization                        | <input type="checkbox"/> Foundation                            |
| <input type="checkbox"/> Historical Society/Historical District or Site | <input type="checkbox"/> House of Worship                      |
| <input type="checkbox"/> Library  | <input type="checkbox"/> Museum (other)                        |
| <input type="checkbox"/> Museum (Visual Arts)                           | <input type="checkbox"/> Performing Arts Facility/Presenter    |
| <input type="checkbox"/> Performing Arts Producer and Presenter         | <input type="checkbox"/> Performing Arts Producer/Group/Series |
| <input type="checkbox"/> School or College                              | <input type="checkbox"/> Service Organization or Club          |
| <input type="checkbox"/> Other  |  |

If Other, please describe:

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Select the opportunities offered by your organization. Identify the contact person for each.

"X" if offered	Opportunity	Contact Person	Phone
	Outreach		
	Education		
	Residencies		
	Other (describe)		

**Your information will be included on the West Valley Arts Council website.  
Please make sure that your information is correct.**