



Organization Membership

Date: _____

Organization Name: _____

Has any of your organization's information changed since last year?

- Yes (complete all of this form)
- No (complete only the **Membership Fee** portion)

Organization Info:

Website: _____

Mailing Address: _____

City _____, IN Zip Code: _____

Phone Number: (____) _____ Fax: (____) _____

E-mail: _____

How many members do you have? _____ Do you have formal 501(c)3 status? Yes No

Primary Contact Person:

Name: _____

Mailing Address (if different): _____

City _____, IN Zip Code: _____

Phone Number: (____) _____ E-mail: _____

Treasurer/Bookkeeper:

Name: _____

Mailing Address (if different): _____

City _____, IN Zip Code: _____

Phone Number: (____) _____ E-mail: _____

Membership Fee: Yearly dues are based on the annual budget of your organization.

- \$25,000 or less = \$65
- \$25,001 or more = \$150

Please make checks payable to Tippecanoe Arts Federation.

Please return form to:

Tippecanoe Arts Federation
638 North St
Lafayette, IN 47901

For questions:

(765) 423-2787
info@tippecanoearts.org

For office use only:

Member Organization Type:

- Non Profit Arts/Cultural
- For Profit Arts/Cultural
- Community Partner

Updated in Giftworks Website Constant Contact Letter Mailed

Staff Initials _____