

Membership Form

Organization/Business					
Organization/Business Name					
Contact: First NameLast Name					
Mailing Address					
City	Sta	ıte	Zip		
Phone	Email (Required)				
Membership applications with no email cannot be processed.					
Individual/Family Membership					
First NameLast Name					
Mailing Address					
City	Sta	ıte	Zip		
PhoneEmail (Required)					
Membership applications with no email cannot be processed.					
Please Select Your Membership Level					
Arts/Cultural Organizations	Renewal Amt	Friends	s of the Arts (Individua	als/Families) Renewal Amt	
☐ Annual revenue under \$200K	\$50		Student	\$10	
Annual revenue \$200K - \$500K	\$100	_	Teacher	\$20	
☐ Annual revenue \$500K - \$1M☐ Annual revenue \$1M - \$3M	\$200 \$600		Individual	\$35 \$65	
☐ Annual revenue \$1M = \$3M☐ Annual revenue over \$3M☐	\$800 \$800	Ц	Family	\$65	
	Pacesetters				
Non-Arts Organizations & Businesses			Bronze	\$250	
☐ Annual revenue under \$100K	\$50	_	Silver	\$230 \$500	
☐ Annual revenue over \$100K	\$100		Gold	\$1000	
Checks: Make checks payable to TFTA	<u>. </u>				
Name on Card					
Credit Card:					
Circle One: Visa MasterCard	American Express	Discove	er		
Card Number					
Expiration Date Card Verification Number (on back of card)					