



MEMBERSHIP FORM

To join or renew online, visit giarts.org/membership.

Membership is based on the calendar year, and runs from January to December. Request an invoice to pay dues at a later date during the year.

ORGANIZATION TYPE	ANNUAL ARTS GRANTMAKING BUDGET	MEMBERSHIP DUES
Community Foundation	Up to \$999,999	\$550
Corporate Foundation/Giving Program	\$1,000,000 - \$1,999,999	\$1,100
Family Foundation	\$2,000,000 - \$4,999,999	\$1,400
Independent Foundation	\$5,000,000 - \$9,999,999	\$2,800
	\$10,000,000 - \$19,999,999	\$3,800
	\$20M or more	\$5,000
Nonprofit and Public Agencies:		
County Arts Agency	Up to \$999,999	\$500
Local Arts Agency	\$1,000,000 - \$1,999,999	\$1,000
Nonprofit Funder	\$2,000,000 - \$4,999,999	\$1,250
State Arts Agency	\$5,000,000 - \$9,999,999	\$2,500
Tribal Arts Agency	\$10,000,000 - \$19,999,999	\$3,500
	\$20M or More	\$4,500
National Partner	National Partner	\$600

ORGANIZATIONAL INFORMATION

How We Fund:

Cash Reserves
Change Capital
Facilities Capital
General Operating Support
Impact Investment
Program Support
Other:

Program-related Investment
Project Support
Recovery Capital
Risk Capital

Who We Fund:

Individuals
Informal Groups
Private businesses
Organizations through fiscal agents
Organizations through fiscal sponsors
Other:

What We Fund:

Alternative Economies
Arts and Aging
Arts and Community Development
Arts and Disability Arts and Environment Arts and Health
Arts and Juvenile Justice
Arts and Technology

Community Arts
Emergency Readiness
Indigenous Arts
Multidisciplinary Art
Remote Communities
Rural Arts
Youth Development
Other:

PAYMENT INFORMATION

Invoice me in: _____ (Month) Enclosed is my check Charge my credit card

Organization Name: _____
Street Address: _____
City/State/Zip: _____ Telephone: _____
Website: _____

Contact Name: _____ Name on Card: _____
Job Title: _____ CC Number: _____
Email: _____ Exp Date: _____ Security Code: _____

Billing Address (If different from above): _____
City/State/Zip: _____