



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	Program-related
Change Capital	Investment
Facilities Capital	Project Support
General Operating Support	Recovery Capital
Impact Investment	Risk Capital
Program Support	
Other:	

Who We Fund:

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

What We Fund:

Alternative Economies	Community Arts
Arts and Aging	Emergency Readiness
Arts and Community Development	Indigenous Arts
Arts and Disability Arts and Environment Arts and Health	Multidisciplinary Art
Arts and Juvenile Justice	Remote Communities
Arts and Technology	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: _____