

# Become a Quinte Arts Council Member

Name \_\_\_\_\_

Group or Business Name \_\_\_\_\_  
(If Group or Business membership)

Full Address \_\_\_\_\_  
(Street or 911 number and Mailing address)

City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

**NOTE: Artists, Member Groups and Businesses, please complete the attached INFORMATION FORM as well. New member groups, please include contact name.**

**Mail or deliver (with payment) to:** Quinte Arts Council, P.O. Box 22113, 36 Bridge St. East, Belleville, ON K8N 2Z5

## Membership Categories

- \_\_\_\_\_ Student \$25
- \_\_\_\_\_ Community Friend \$35
- \_\_\_\_\_ Artist \$45
- \_\_\_\_\_ Member Group \$45
- \_\_\_\_\_ Business \$55

## Donation Options

- \_\_\_\_\_ Patron \$25-124
- \_\_\_\_\_ Benefactor \$125-399
- \_\_\_\_\_ Partner \$400-999
- \_\_\_\_\_ Premier Supporter \$1,000+
- \_\_\_\_\_ **Total** (add Membership and Donation)

I have attached cash, cheque or money order in the amount of: \_\_\_\_\_

OR I wish to pay using my **credit card** \_\_\_\_\_ VISA or \_\_\_\_\_ MasterCard

Card number \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV # on back of card \_\_\_\_\_

Signature \_\_\_\_\_



36 Bridge St. East, P.O. Box 22113, Belleville, ON K8N 2Z5  
613-962-1232, [www.quinteartscouncil.org](http://www.quinteartscouncil.org)

# Be part of our Referral Service and On-Line Directory

## QAC Member Groups, Artists and Businesses INFORMATION FORM

Name \_\_\_\_\_

Do you want your **full street address** on the website directory listing, or just your **phone number and/or email**?

**Yes**, full address  **No**, just my  phone number and  email

Member Groups, Artists and Business Members will receive a listing in the QAC's Telephone Referral Service and On-line Directory (includes a free web page or a link to an existing website).

### Check up to three categories:

Visual  Performing  Literary  Film or New Media  Historical/Heritage  
 Art Teacher  Member Group  Member Business

Briefly describe what you do. This is for the Directory Listing.

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### PERMISSION FOR THE REFERRAL SERVICE AND ON-LINE DIRECTORY

Please include me in the QAC's telephone referral service **and** the On-line Directory.  
 Please include me in the QAC's telephone referral service **only**.

\_\_\_\_\_  
Your name or Name of Business/Group (please print)

\*Signed \_\_\_\_\_ Date \_\_\_\_\_

**\*QAC cannot include you in the referral service or directory without your consent.**

**For the On-line Directory**, please provide a **web link** (if you already have a site)

\_\_\_\_\_ **OR provide a bio and up to 6 photos or graphics** for the web page. Send to Quinte Arts Council, P.O. Box 22113, 36 Bridge St. E., Belleville, ON K8N 2Z5, email [carol@quinteartscouncil.org](mailto:carol@quinteartscouncil.org).

**THANK YOU**



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