



**AKRON AREA
ARTS ALLIANCE**

Individual Membership Application

Thank you for your interest in joining the Akron Area Arts Alliance.

____ I wish to be an **Active Contributing Member** (\$40.00)

(Members who serve on committees and participate in all AAAA activities)

____ I wish to be an **Arts Advocate Member** (\$65.00)

(Members who believe in the mission and want to be informed about AAAA activities but do not wish to be actively involved in governance)

Mail this completed form with a check made payable to Akron Area Arts Alliance to:

Akron Area Arts Alliance
140 E. Market St.
Akron, OH 44308

Name _____

Address _____

City _____ **State** _____ **Zip** _____

County _____ **Telephone** _____

Fax _____ **Cell Phone** _____

E-mail _____

What is your particular interest and/or experience in Akron's arts and cultural community?

If you have any questions contact please contact AAAA at 330-376-8480, FAX 330-376-8470 or email info@akronareaarts.org