



Organization Membership 2023-24

Mail to: PO Box 37638 - Raleigh, NC 27627

Membership Dues:

<u>Budget Size</u>	<u>Amount</u>
<input type="checkbox"/> \$0 - \$50,000	\$70
<input type="checkbox"/> \$50,000 - \$100,000	\$140
<input type="checkbox"/> \$100,000 - \$200,000	\$270
<input type="checkbox"/> \$200,000 - \$300,000	\$330
<input type="checkbox"/> \$300,000 - \$500,000	\$400
<input type="checkbox"/> \$500,000 - \$750,000	\$700
<input type="checkbox"/> \$750,000 - \$1,000,000	\$1,000
<input type="checkbox"/> \$1,000,000 - \$2,000,000	\$1,300
<input type="checkbox"/> \$2,000,000 - \$3,000,000	\$1,650
<input type="checkbox"/> \$3,000,000 - \$4,000,000	\$1,750
<input type="checkbox"/> \$4,000,000 - \$5,000,000	\$1,850
<input type="checkbox"/> \$5,000,000 +	\$2,000

Organization _____

Address _____

City _____

State _____

Zip _____

County _____

Work Phone _____

Web Site _____

Executive Director (or top officer) _____

E-mail Address _____

Advocacy Contact _____

E-mail _____

Membership Amount: \$ _____

Payment method:

- Check
- American Express
- Discover
- MasterCard
- Visa

For Credit Card Payments:

Acct #:	Exp:	CSC:
Name on Card:		
Address of Cardholder:		
Signature:		

I would like to split my membership into monthly payments – charged to my credit card.

\$ _____ Per Month - for _____ Months - Start Date _____

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