



# Organization Membership 2025-26

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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