

Date: / /

PROFILE

Name: _____ Organization Business

Primary Contact: _____ Position: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

President/ Executive Director:

_____ e-mail: _____ Tel. _____

Communications Contact:

_____ e-mail: _____ Tel. _____

Category: Artisan Cultural Centre Gallery Literary Arts Media Arts Museum

Music Performing Arts Visual Arts Other: _____

PREFERENCES

Language: English French

MEMBERSHIP FEE

\$85 Organization \$100 Business New Membership Renewal

DONATION (optional)

\$25 AOE Donor \$50 AOE Friend \$100 AOE Supporter Other \$ _____

A tax receipt is issued for donations over \$20

PAYMENT

Cash Cheque (payable to Arts Ottawa East) Credit card (Mastercard or Visa)

Card #: _____ Expiry Date: _____

Name on Card: _____

Signature: _____ Total: \$ _____

FOR AOE USE ONLY

Database E-Blast
 Membership Package Website Profile
 Receipt Sent User Name _____
 Renewal Period _____ Password _____