



2010 Membership Fees and Registration

Please return with payment to:

Community Arts Ontario
 354 - 401 Richmond Street West
 Toronto, Ontario M5V 3A8

Contact Information:

(416) 598-1128, Toll-Free 1-800-806-2302
 Fax: 416-598-4468
cao@communityartsontario.ca
www.communityartsontario.ca

New Member

Membership Renewal

<p>OFFICE USE ONLY</p> <p><input type="checkbox"/> e-mail added</p> <p><input type="checkbox"/> added to group email list</p> <p><input type="checkbox"/> Receipt & welcome letter sent</p> <p><input type="checkbox"/> Dbase</p> <p><input type="checkbox"/> Online updates</p>	<p>OFFICE USE ONLY</p> <p><input type="checkbox"/> e-mail updated</p> <p><input type="checkbox"/> group email list updated</p> <p><input type="checkbox"/> Receipt & renewal letter sent</p> <p><input type="checkbox"/> Dbase updated</p> <p><input type="checkbox"/> Online updates</p>
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Please check one of the following categories:

- A. All Arts Organizations (Voting Members)**
 - Annual Budget **over** \$100,000 \$100
 - Annual budget **up to** \$100,000 \$ 50

- B. Associate Member (Non-Voting)**
 (Municipality or government agency only) \$ 75
- C. Individuals (Voting Members)** \$ 25

- D. Donation**
*All contributions made to Community Arts Ontario Arts Endowment Fund
 are matched by the OAC Endowment Program* \$ _____
Total \$ _____

Organization or Name: _____

Contact: _____ Title: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email Address: _____ Website: _____

Payment:

By Cheque Amount Enclosed: \$ _____

Visa Master Card Total Charge: \$ _____

Credit Card Number: _____ Expiry Date: ____/____

Card Holder Name: _____

Card Holder Signature: _____