Today's Date: _____

Artists Creating Together

AccessGR: Member Registration Form

Membership period: July 1, 2019 – June 30, 2020

Agency Name: _____

Mailing Address: _____

City, State, Zip: _____

Website: _____

Staff Contact at Agency: _____ Phone_____ ext._____
(This is the person who will handle all ticket requests)

Contact's E-mail _____ Fax: _____

Contact's Position at Agency: _____

PLEASE PRINT OR TYPE CLEARLY.
All information must be completed and returned to begin membership.

Primary county: _____ Other counties served _____

Areas of Service – Check all that apply:

____ Mental Health
____ Cognitive Disabilities
____ Substance Abuse/Recovery
____ Developmental Disability
____ Mobility Impairment
____ Blindness/Visual Impairment
____ Deafness/Hearing Impairment
____ Other: _____

Which is the primary area of service?

_____

Number of People and Age Groups Served:

_____ Total number of people served yearly
_____% Adults ages 26+
_____% Adults between 19 and 26
_____% Youth between 7 and 18
_____% Youth between birth and 6
_____% Male
_____% Female

What were your total actual expenses for your last completed fiscal year? _____

What is your total budget for your current fiscal year?_____

Is your Agency a Non-Profit?* _____Yes _____No Federal ID # _____
**If no, please contact Program Director, Shay Kraley, before completing this form*

Please add these additional staff e-mail addresses who would like to receive the AccessGR monthly update. **Only the official Agency Contact may make ticket requests.**

Name: Title: Email:

Name: Title: Email:

Agency Description – briefly state the general purpose and goals of your agency – what you *do*, not your mission statement.

_____

_____

Demographic info – Our funders require this information from us.

Of the total number of people served each year, what percent are:
_____ % Caucasian
_____ % African American
_____ % Hispanic
_____ % Asian/Pacific Islander
_____ % Native American
_____ % Children with disabilities
_____ % Adults with disabilities

Agency Certification

We certify that the information included in this agency update is true and complete to the best of our knowledge.

Agency Director

Signature _____

Name _____
(Please print)

Date signed _____

Telephone _____ Ext _____

Staff Contact at Agency - handling requests

Signature _____

Name _____
(Please print)

Date signed _____

Telephone _____ Ext _____

Artists Creating Together

AccessGR: Member Invoice

Membership period: July 1, 2019 – June 30, 2020

Agency Name: _____

Please return a copy of this invoice with your payment & Agency Registration form.
A copy of this invoice ensures that your account is credited accurately.

Your agency budget for FY19 (must be 3rd party verifiable): $_____
*If needed, please be ready to share a copy of your agency's budget and/or 990

Amount Due: $_____
(Use sliding scale below to determine fee)

If your Agency Budget Is…	Your 2019/2020 Fee Is…
Up to……$50,000	$50.00
$50,001……$100,000	$75.00
$100,001……$250,000	$170.00
$250,001……$500,000	$175.00
$500,001……$1,000,000	$280.00
$1,000,001……$1,500,000	$300.00
$1,500,001……$2,000,000	$446.00
$2,000,001……$3,000,000	$557.00
$3,000,001……$4,000,000	$667.00
$4,000,001…… and above	$686.00

Make check payable to Artists Creating Together

If paying by credit card, circle type: VISA MasterCard

Name on Card _____ Signature _____
(Please print)

Card Number _____ Expiration Date _____ Billing Zip Code _____

Three or Four Digit Security Code _____ (located on the back of a Visa or Mastercard)

Email or Phone Number for receipt _____

Submit completed Member Registration form and Member Invoice to Shay Kraley, ACT
Mail: 1140 Monroe Ave NW, suite 4101; Grand Rapids, MI 49503
E-mail: program@artistscreatingtogether.org; **Fax:** 616-885-5867