 Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Staff Contact at Agency - handling requests

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Please print) (Please print)

Date signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext \_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext \_\_\_\_\_\_\_\_



**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](mailto:program@artistscreatingtogether.org); **Fax:** 616-885-5867