

ACCOB MEMBERSHIP FORM

Contact Info:	
Name (individual/business/organization)	
AddressC	City
Province Postal Code E-mail	
Phone Website	
Yes, I want my website included in the	ACCOB website Members Director
Group/Corporate member:	Tilla
Name of primary contact	
E-mail	Phone
Discipline: check all that apply	
Visual Arts Photography Music Literary Theatre Textile Media Arts Design Ceramics Culture/Herita Creative Agency Other	
Founding Membership options: INDIVIDUAL \$25 GROUP \$50	
1: Email the form to membership@artscultureburlington.ca	
2. E-transfer the appropriate membership fee to: membership@artscultureburlington.ca	
3. Alternatively, write a cheque made payable to: "Arts and Culture Co	uncil of Burlington" and mail to:
Membership ACCOB, 4104 Fairview Street, Suite 232, Burlington, C	ON L7L 4Y8
Donation Amount: \$20 \$50 \$100 Other Volunteering: Are you able to volunteer on a committee, at events or in MEMBERSHIP FUNDRAISING SPECIAL EVENTS OTHE	n other ways (explain)
Thank you for your support! For ACCOB use: Membership#: Renewal date:	