



Organizational Membership Application

Date: _____

Organization Name: _____

Contact Person: _____

Address: _____
street

city state zip code

Phone: _____

E-mail: _____

Website: _____

Membership Type:

- Organization I (up to and including 50 members)
 Organization II (51 or more members)

Approximate number of members to date: _____

If you would like your members to receive invitations to VACD events please include with your application a list of members and their respective email addresses on a PC readable CD, saved as either a text file (.txt), a comma delimited file (.csv) or an excel file (.xls). The information will be kept strictly confidential.

Please make checks payable to **VACD** and mail them along with your application to:

The Visual Arts Coalition of Dallas
2902 Maple Avenue, Suite A
Thompson Fine Arts, Inc. Building
Dallas, TX 75201-1465

Thank you for supporting local arts!