



## CULTURAL ALLIANCE OF SOUTHEASTERN MICHIGAN 2012 Membership Application and Dues Payment Form

Member information helps us understand your specific needs and circumstances, so that we can connect your organization to the opportunities that are right for you. Member statistics are compiled to show the aggregate statistics of our membership and community investment. Individual member organization information is kept confidential.

Additionally, Cultural Alliance programs and operations are sustained by membership dues and the support of foundations and corporations. Completion of this form is vital to budget projection and program development.

As stated elsewhere, your board is required to adopt a formal resolution supporting your organization's involvement in the Cultural Alliance. We ask you to submit an original copy of the resolution, dated and signed by the board chairman or secretary (suggested language available).

Please return this form to us along with a copy of your IRS Letter of Determination and Board Resolution.

Organization Name \_\_\_\_\_

Year Established \_\_\_\_\_

Mailing Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Telephone \_\_\_\_\_ Fax \_\_\_\_\_

General Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

Provide us with your office location if it differs from your mailing address

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Executive Director or Organization Leader \_\_\_\_\_

Title \_\_\_\_\_

Email address \_\_\_\_\_

# CULTURAL ALLIANCE OF SOUTHEASTERN MICHIGAN

## 2012 Membership Application and Dues Payment Form con't

### To whom should invoices be sent?

Mr. Ms. Other \_\_\_\_\_ Name \_\_\_\_\_  
First Middle Last

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Direct Telephone \_\_\_\_\_ Email \_\_\_\_\_

---

See 2012 Dues Schedule for payment information (see online under **Membership Benefits**).

FY 2012 Annual Operating Budget \$ \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_

**Approval of Executive Director** \_\_\_\_\_ **Date** \_\_\_\_\_

Ways you can submit your application:

Make Checks Payable to: Cultural Alliance of Southeastern Michigan

1. To pay by mail: **Cultural Alliance of Southeastern Michigan**  
**3434 Russell Street, #105, Detroit, MI 48207-2057**

2. To send application by email: admin@culturalalliancesemi.org

### Membership Checklist

- Application and Dues Payment
- IRS Letter of Determination
- Board Resolution (\*or Anticipated Date of Return): \_\_\_\_\_.)

\*We understand that you may not be able to collect the required signatures for your Board Resolution immediately. Please estimate a return date above.