

Membership and/or Ad Invoice



Date: _____

1. Please select your membership category for annual dues:

Categories

- Artist/Individual \$50
- Business/Organization, Budget under \$100,000 /\$100
- Business/Organization, Budget \$100,001 - \$500,000 / \$200
- Business/Organization, Budget Over \$500,000 / \$300

Dues: \$ _____

Donation to Cultural Council: \$ _____

Total Enclosed: \$ _____

- I RENEWED/PAID FOR MEMBERSHIP AT E-STORE on www.cultural-council.org.
- MY CHECK IS ENCLOSED. Check No. _____
- PLEASE CHARGE\$ _____ to my VISA MASTERCARD AMEX

Name on Card _____

Card # _____ Exp. ____/____

Billing Zip Code _____ Signature: _____

2. Please help us keep your contact information up to date:

Member Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Primary Contact Person _____

*Thank you for
your support!*

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE; Registration # CH5921 FEID# 59-32991330

Please return this form with payment to:
Cultural Council of Indian River County
2036 14th Avenue #103, Vero Beach, FL 32960

Questions? Phone: (772) 770-4857 • Fax: (772) 770-3403 • E-mail: info@cultural-council.org