



FITCHBURG CULTURAL ALLIANCE
MEMBERSHIP APPLICATION
FORM

Mission Statement: *The Fitchburg Cultural Alliance will be a vibrant force with a vested interest in the advancement of the arts and culture in the Fitchburg community and North Central Massachusetts region.*

Organization Name: _____

Individual Name: _____

Address: _____

Contact Information:

Home: _____ Work: _____

Fax: _____

Email: _____

Website: _____

Of the following committees and developing areas of the Alliance which one most captures your interest and participation? (Please circle)

Arts Calendar, Artist Directory, Communications/Marketing, Community Outreach, Educational Programming, Events, Fund Raising-Finance, Grant Writing, Membership, Newsletter or Website Development

Individual or Artist* Membership \$25.00_____

*If you are interested in consignment as an artist member, please attach resume and samples of your work.

Cultural Organization Membership \$50.00_____

Attach your organization mission, describe your organization's community involvement, and how you see your organization tie into the FCA mission stated above.

Please submit this application to:

Fitchburg Cultural Alliance
c/o Jennifer Jones
376 South Street
Fitchburg, MA 0142