

## Philagrafika 2010 Organizational Membership

**Organization** \_\_\_\_\_

**Contact name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**email** \_\_\_\_\_

### Logo and link information

Please email a high resolution (at least 300 dpi, no bigger than 4 inches on longest side) jpg version of your organization's logo to [rmott@philagrafika.org](mailto:rmott@philagrafika.org)

**Website for link** \_\_\_\_\_

### Payment Information

#### Philagrafika 2010 Organizational Member Levels

- For organizations with annual operating budgets up to \$200,000 **\$75**
- For organizations with annual operating budgets over \$200,000 **\$150**

**Method of Payment**

Please make anychecks payable to Philagrafika. If using credit card, fill in below.

**Credit Card No.** \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Security Code** \_\_\_\_\_

**Signature** \_\_\_\_\_

Please return by April 17th, 2009 with the following:

1. Membership Form
2. Participating Partner Profile Form
3. Membership Payment or request for invoice (under method of payment option)

Print and mail to: Philagrafika, 728 South Broad Street, 2nd Floor, Philadelphia, PA 19146  
or submit by email to [cperkins@philagrafika.org](mailto:cperkins@philagrafika.org) by clicking link above.

## Philagrafika 2010 Partner Program Profile

Please indicate any/all program types describe your organization's participation by choosing all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Artist Residency           | <input type="checkbox"/> Print Fair         |
| <input type="checkbox"/> Critic/Conversation Events | <input type="checkbox"/> Printmaking course |
| <input type="checkbox"/> Education Program          | <input type="checkbox"/> Public Art Project |
| <input type="checkbox"/> Exhibition FilmScreening   | <input type="checkbox"/> Public Program     |
| <input type="checkbox"/> Site SpecificInstallation  | <input type="checkbox"/> Workshop           |
| <input type="checkbox"/> Printshop/Production site  | <input type="checkbox"/> Other              |

### Please describe briefly the project you are planning

### Dates of programs if known:

### General Information

Hours and days of operation, if open to the public (please provide)

Exhibit/Event Space Description:

Special resources:

Description of audience:

Does your organization charge admission?

- Yes       No

If yes, what is the admission for:

Reg. \_\_\_\_\_ Student \_\_\_\_\_ Youth \_\_\_\_\_ Senior \_\_\_\_\_

Notes: