



Organizational Membership Application

Organization: _____

Number of members in organization: _____ Do you have 501(c)3 status? _____
Non-profit, but not 501(c)3? _____

Website: _____

Mailing address: _____

City _____, IN Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

E-mail: _____

Member/Delegate:

Name: _____

Mailing address (if different): _____

City _____, IN Zip Code: _____

Phone Number: (____) _____ Cell Phone: (____) _____

E-mail: _____

Organizational Membership Annual Dues = \$25.00

Please make checks payable to:

Kokomo/Howard County Arts League
700 E. Firmin St.
Kokomo IN, 46902

Contact: steven.a.hughes@sbcglobal.net
Phone: (765) 453-2439