



## KAAE MEMBERSHIP FORM

### **Membership Levels**

- Patron \$100.00
- Organization \$50.00 (up to three individuals receive benefits)
- Friend \$50.00
- Individual \$25.00
- Artist/Student/Senior \$15.00
- Other \$\_\_\_\_\_

### **Please print out form and send, with your membership check, to:**

Kentucky Alliance for Arts Education  
310 St. Clair Street Suites 103-105  
Frankfort, KY 40601-1876

Phone: 502-875-4266 – Fax: 502-875-4677 – Email: [staff@kyartsed.org](mailto:staff@kyartsed.org)

Please Complete All Required Fields Indicated in **Bold** with an Asterisk \*:

**\* First and Last Name:**

Title: \_\_\_\_\_

**\*Address 1:**

Address 2: \_\_\_\_\_

**\*City:**

\_\_\_\_\_

**\*State:**

\_\_\_\_\_

**\* Zip:**

\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

**\*E-mail Address:**

\_\_\_\_\_

2nd E-mail Address: \_\_\_\_\_

*(Please note that many school districts block 'bulk' email)*

Check this box to sign up for the KAAE twice-monthly electronic newsletter

**\*Affiliation**

**(School/Business/Organization):**

\_\_\_\_\_

**\*School District:**

\_\_\_\_\_

School Address::

\_\_\_\_\_

City:

\_\_\_\_\_

State:

\_\_\_\_\_

Zip:

\_\_\_\_\_

Business Phone:

\_\_\_\_\_

**\*Arts Discipline**

**(Dance/Drama/Music/Visual Arts/Other):** \_\_\_\_\_

**\*Role**

**(Artist/Educator/Administrator/Other):** \_\_\_\_\_

**Please send your payment by check with this form.**