

BUSINESS MEMBERSHIP FORM

Please fill out completely and return with payment. **PLEASE PRINT** clearly and legibly below.

Today's Date: _____ *** Your Membership is valid for **one year** from this date.

Company Name _____ Phone _____

Mailing Address _____

City: _____ State _____ Zip _____

Email _____

Please select your Membership Level

- | <i>Membership Level</i> | <i>Cost per year</i> |
|--|----------------------|
| <input type="checkbox"/> Supporting Business (unlimited memberships) | \$200 |

RACC Supporting Business Membership benefits: listing on business sponsorship page of the website, notifications of events and programs via online newsletter, 10% discount on rentals for company events, discounts on various activities including classes, community events, and concerts for up to 1 employee per event, and a business membership card.

- | <i>Membership Level</i> | <i>Cost per year</i> |
|---|----------------------|
| <input type="checkbox"/> Benefactor Business (limited to 21 businesses) | \$300 |

RACC Benefactor Business Membership benefits: listing as a business sponsor on one selected RACC event (this sponsorship benefit is available on a first come first serve basis), listing on business sponsorship page of the website, notifications of events and programs via online newsletter, 10% discount on rentals for company events, discounts on various activities including classes, community events, and concerts for up to 2 employees per event, and a business membership card.

Benefactor Business Members Sponsorship Listing on Selected Event (maximum 1 event per Benefactor Business)

(This sponsorship benefit is limited to 3 per event and available on a first come first serve basis)

- Holiday House
- Holiday House Gala Evening
- Dinner Music Evenings
- Summer Concert Series
- Summertime Toast!
- Halloween House
- Gallery Nights

In addition, I would like to donate the amount of \$_____ to the following:

- Building & Grounds
 The Owl & The Silver Moon Preschool
 General Operating Funds
 ARTLETICS Summer Day Camp
 Endowment Fund

Payment Type: ***Please make checks payable to RACC or Rome Art & Community Center.

Cash
 Check, Ck # _____
 Credit Card: VISA Master Card Discover
 Credit Card # _____
 Exp. Date _____
 CVV Code _____
 Signature _____