

# NCECA MEMBERSHIP APPLICATION

(January, 2008 - December 2008)

Name \_\_\_\_\_  
Individual Member or Institutional Contact

Organization \_\_\_\_\_

Address (Home  Business ) \_\_\_\_\_ Apt. or Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

I understand that NCECA sells its mailing list and, as a member, I may request by initialing in the following space, that my name not be included \_\_\_\_\_

U.S. Regular .....\$50.00

Canadian Regular .....\$55.00

International Regular.....\$65.00

U.S. Student.....\$30.00

Canadian Student .....\$35.00

International Student.....\$45.00

**All students must include a statement from registrar or dean verifying current full-time status.**

Institutional (School or Nonprofit Organization) .....\$100.00

Sustaining Member .....\$750.00

Patron Member .....\$1,000.00

### **Tax Deductible Contributions:**

Regina Brown Undergraduate Student Fellowship Fund \$ \_\_\_\_\_

Ted Randall Session \$ \_\_\_\_\_

Retired Professors RSJE Award Fund \$ \_\_\_\_\_

Fund for Artist Development \$ \_\_\_\_\_

Spirit of Ceramics Film Fund \$ \_\_\_\_\_

**TOTAL PAYMENT \$ \_\_\_\_\_**

Please mark all categories that apply to you.  
(This information is used for statistical purposes only.)

**Teacher at:**  University  K-12  
 Community College  College  
 Retired  Other  
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**Student at:**  
 K-8  High School  
 Community College  College  
 University  Other  
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**University Level:**  
 Graduate  Undergraduate

**Professional Status:**  
 Studio Artist  Teacher  
 Arts Administrator  Gallery Owner  
 Collector/Patron  Other  
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**Ethnic Background:**  
(Optional - To be used for grant applications.)  
 Caucasian/European  Hispanic  
 African American  Asian  
 Native American  
 Other \_\_\_\_\_

**(IMPORTANT: NCECA newsletters are now sent electronically via email.)**

### **PAYMENT METHOD:**

Credit Card:  Visa  MasterCard  Amex  Check OR  Money Order # \_\_\_\_\_

#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Checks payable to NCECA must be drawn on a US bank. Money orders must be in U.S. dollars.  
(Checks or credit cards that do not clear will incur a \$25 processing fee.)

**MAIL COMPLETED FORM WITH  
PAYMENT TO:  
NCECA, Dept. M  
P.O. Box 777  
Erie, CO 80516**