



VOLUNTEERING FORM

I would like to Volunteer: A member of the committee you selected will contact you.

- Communications Committee**
- Cultural Camaraderie**
- Membership Committee**
- Luncheon Programming**
- Screening Committee***

*Applications are screened by discipline, Dance, Music, Theater, Visual Arts and Community Arts Groups (CAG). If you have a preference, please let us know your first and second choice.

____Dance ____Music ____Theater ____Visual Arts ____CAG

*Please list any visual or performing arts organization for which you are staff, a board member, contribute \$1,000 or more a year, provide services, or are related to someone who provides services.

Name: _____

If Corporate Member please provide business name: _____

E-mail: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Day: _____ Telephone Night: _____

Fax: _____ Best Time To Call: _____

Please mail to: Funding Arts Network P.O. Box 331864, Miami, FL 33233-1864