

# Coalition of Arts Providers for Children

## Membership Levels

### Governing Member (Arts Organization)

- **Responsibilities**  
Bi-monthly full meeting attendance with 80% attendance mandatory. Serve on at least one committee with 80% attendance mandatory. Full voting privileges at both committee and general meetings. Acts as governing member.
- **Benefits**  
Notification of all CAPC sponsored events. Unlimited registration at all CAPC sponsored professional development workshops, roundtables. Consideration for stipends for appropriate outside professional development. Listing in Arts Services for Kids Directory. Inclusion in all external PR and events literature and website as governing member.
- **Cost**  
Time, talent and willingness to cooperate.

### Collaborating Member (Arts Organization)

- **Responsibilities**  
Bi-monthly meeting invitation. Serves on one committee with 80% attendance. Voting Privileges at committee meetings.
- **Benefits**  
Notification of all CAPC sponsored events. Registration for two at all CAPC sponsored professional development workshops and roundtables. Listing in Arts Services for Kids Directory. Inclusion in all PR and events literature and website as collaborating member.
- **Cost**  
Time, talent and willingness to cooperate plus \$50 dues per year.

### Affiliated Member (Arts Organization)

- **Responsibilities**  
Optional attendance at general meetings.
- **Benefits**  
Notification of all CAPC sponsored events. Listing in Arts Services Directory. Listing in all PR and events literature as an affiliated member.
- **Cost**  
\$60 dues per year.

### Individual Member

- **Benefits**  
Notification of all CAPC sponsored events. Free attendance for CAPC events, roundtables and workshops.
- **Cost**  
\$20 dues per year.

For more information please contact us at:

CAPC  
475 Beard Avenue  
Buffalo, NY 14214  
tel: 716 834-5777  
fax: 716 834-5666  
[info@capcbuffalo.org](mailto:info@capcbuffalo.org)  
[www.capcbuffalo.org](http://www.capcbuffalo.org)

**CAPC MEMBERSHIP APPLICATION FORM**

*Please fill out organizational or individual membership section and return to:*  
CAPC  
475 BEARD AVENUE  
BUFFALO, NY 14214

---

**Organizational Membership:**

My organization is willing to participate in CAPC in the following capacity  
(please check one box):

- Governing Member
- Collaborating Member
- Affiliated Member

Organization \_\_\_\_\_

Representative Name \_\_\_\_\_

Title \_\_\_\_\_ Phone (if new member) \_\_\_\_\_

email \_\_\_\_\_ web \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**Individual Membership:**

I would like to become an individual member of CAPC.

Name \_\_\_\_\_

Address  
Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_