



Arts Council
of the Conejo Valley

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OFFICE USE:
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ACCV APPROVAL: _____
RECEIPTED: _____

Member Organization Application Form For Fiscal Year 2009-2010 (Valid until 6/30/10)

Please Complete Pages 2-4 and return to the address above. All applications will be reviewed by the ACCV Board of Directors prior to acceptance.

MEMBER ORGANIZATION ELIGIBILITY ARTS COUNCIL OF THE CONEO VALLEY BYLAWS (Approved 6/12/02)

ARTICLE III - MEMBERSHIP

Section 1: Eligibility

All nonprofit community organizations directly involved with the creative arts or performing arts and/or involved with the promotion or education of the creative arts or performing arts shall be eligible for membership in the ACCV.

Section 2: Becoming a Member

An eligible community organization shall become a Member of the ACCV by submitting an application for membership to the ACCV Board of Directors, c/o the ACCV Director of Membership, with a check for their first year's membership dues and with organizational information, as per sections 5 and 6, respectively. After reviewing the application for membership, the ACCV Board of Directors shall grant membership to all eligible organizations.

Section 3: Responsibilities of Membership

Each Member organization shall designate one voting delegate to serve as a Representative at ACCV Membership Meetings. Each Member organization shall have a Representative attend the ACCV Annual Membership Meeting (typically in May). Each Member organization shall pay dues as described in Section 5. Each Member organization shall supply membership information as described in Section 6.

Section 4: Rights and Voting Privileges of Membership

Through their Representatives, Members in good standing shall have the power to elect and remove members of the Board of Directors, amend bylaws, amend the ACCV Articles of Incorporation, and to vote on other major affairs of the ACCV, as determined by law, such as merger or consolidation of the ACCV, wind up or dissolution of the ACCV, sale of ACCV assets, or ACCV transactions involving an interested member of the Board of Directors. Each Member in good standing shall be entitled to cast one (1) vote for each decision made at Membership Meetings. In addition to attending the ACCV Annual Membership Meeting, Member organization Representatives may also attend ACCV Board of Directors Meetings and Special Membership Meetings (membership meetings are described in ARTICLE VI). Members in good standing shall be entitled to all other rights and benefits of membership determined by the ACCV Board of Directors or the ACCV Membership.

Section 5: Annual Membership Dues

All Members of the ACCV shall pay annual membership dues. The amount of dues shall be approved by the membership at ACCV Annual Membership Meetings. Changes in the amount of dues may be proposed by the Board of Directors at ACCV Annual Membership Meetings for consideration by the membership. Membership dues shall be for a twelve (12) month period and shall be due and payable upon joining the ACCV and every January thereafter. Membership dues not paid within 60 days of their due date shall be considered delinquent.

Section 6: Annual Membership Information

All Member organizations, at the time of their original application for membership in the ACCV and then whenever subsequently requested by the ACCV Board of Directors, shall submit a summary of their purpose or bylaws, the names of their governing board (or equivalent) and the name of their Representative to the ACCV.

Member Organization Application Form For Fiscal Year 2009-2010 (Page 2)

ORGANIZATION INFORMATION:

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Organization Phone: _____ Org. FAX: _____

Organization Website: _____

Is your organization a non-profit organization? YES NO

*Does your organization have a State of California non-profit designation?
 YES NO Application in Process

*Does your organization have a Federal 501(c)3 designation?
 YES NO Application in Process

Please attached copies of your letters of non-profit determination if available.

*Groups without official non-profit determination are eligible for ACCV Membership provided that they operate as a non-profit organization. If you answered no to either of the questions above does your organization operate as a non-profit group? YES NO

Does anyone report the income from the organization's activities on their annual tax return?
 YES NO

ORGANIZATION PURPOSE: Please describe the purpose or mission of your organization: (You may use an attached document for this purpose.)

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ORGANIZATION GOVERNING BOARD INFORMATION:

You may attached a separate document listing the governing board for your organization. Please be sure to include the position title, and the ending date of service. You may also use the space below.

President's Name: _____ **Ending Date of Service:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day Phone: _____ **Eve Phone:** _____

FAX: _____ **Email Address:** _____

Treasurer or Financial Officer's Name: _____

Official Title: _____ **Ending Date of Service:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day Phone: _____ **Eve Phone:** _____

FAX: _____ **Email Address:** _____

Publicity Officer's Name: _____

Official Title: _____ **Ending Date of Service:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day Phone: _____ **Eve Phone:** _____

FAX: _____ **Email Address:** _____

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ORGANIZATION GOVERNING BOARD INFORMATION (Cont)

Official Title: _____ Ending Date of Service: _____

Officer's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Eve Phone: _____

FAX: _____ Email Address: _____

Official Title: _____ Ending Date of Service: _____

Officer's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Eve Phone: _____

FAX: _____ Email Address: _____

OFFICAL ACCV REPRESENTATIVE FOR THE REQUIRED ANNUAL MEETING:

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Eve Phone: _____

FAX: _____ Email Address: _____

MEMBERSHIP DUES PAYMENT:

The Annual Membership Dues Payment for 2009-2010 is \$50.00 per organization. Checks should be made payable to ACCV. You may also pay using AMERICAN EXPRESS, MASTERCARD, or VISA. Membership is valid through 6/30/10.

Name on Card: _____

Card #: _____ Expiration Date: _____

Card Billing Address: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____

I authorize \$50.00 to be charged to the account number listed above.

Signature

Date