



Name of organization: _____

Director's Name & e-mail: _____

AGM Delegate Name: _____

Full Mailing Address: _____
(City / Province + postal code)

Phone number(s): _____

General e-mail + Web site: _____ | _www._____

Total Attendance / Participants at Community Arts Activities (important for IMAA statistics): _____

Please check the region that applies to your organization. For NIMAC please check NIMAC + your geographical location.

Pacific Prairies/NWT Ontario Québec Atlantic NIMAC

Annual membership fee: _____
(Please fill based on the sliding scale to the right)

Operating budget	Annual fee
Less than \$50,000	\$ 50
\$50,000 - \$100,000	\$ 100
\$100,000 - \$300,000	\$ 200
\$300,000 - \$500,000	\$ 300
More than \$500,000	\$ 400

I also enclose a donation of : _____ (Please note that as a National Art Service Organization, the IMAA now has a charitable status and can issue official donation receipts.)

Total : _____

Membership Criteria

Members must support the creation, distribution or presentation of media arts and:

- be a non-profit organization, a member-driven co-op or an artist collective
- be artist initiated and controlled
- pay fees to artists
- support sexual and gender equality in the centre
- support cultural equity
- share the aims and objectives of the IMAA

I attest that the organization meets the IMAA's membership criteria

Name: _____ Signature: _____

New Member Application

Please include a short text explaining why you wish to join the IMAA and how your organization meets our membership criteria. _____