

Artist Roster Membership Application

Artist Name(s): _____

Name of presentation (if different): _____

Number of artists in group: _____

Discipline (dance, culinary, visual, etc.): _____

Type of presentation (school, community, workshop, etc.): _____

Target age group: _____

Email: _____

Mailing address: _____



Phone number(s): _____

Website address: _____

Articipate
www.articipate.net

Please provide a brief (100 words or less) synopsis of your presentation, including how your audience participates:

Please provide a brief (100 words or less) description of how your presentation will continue to positively impact the lives of your audience:

What promotional materials / methods do you currently use? (DVD, CD, web, printed materials, etc.)

Are you willing to further develop your promotional package if necessary? _____

Do you have a developed curriculum? _____

To what educational standards does your curriculum align? _____

Are you willing to work with our staff to align your presentation to Articipate standards? _____

Are you willing to participate in a blog before and after your presentation? _____ Do you have blogging experience? _____

There is a \$10 application fee (payable to Articipate) which will be applied towards the annual fee of \$125.00 if accepted.