



ALIANAIT MEMBERSHIP APPLICATION

Please select your membership type:

- General - \$10 Family - \$30
 Friend of Alianait - \$100 Corporate - \$250

Name _____

Organization/business name

Contact Name

Mailing address/box number

Community/city _____ Territory/province _____

Postal code _____ Email _____

Tel (home) _____ Tel (cell) _____

Tel (work) _____ Fax _____

- I would like to make a donation of \$ _____ in support of Alianait's mission of building a healthier community through the arts.
(Official income tax receipts will be issued for eligible donations.
Charitable Registration Number 80373 3427 RR0001)

- Payment of \$ _____ membership fee.

Please make cheques payable to **Alianait Entertainment Group** and mail with completed application to:

PO Box 568, Iqaluit, NU X0A 0H0

Thank you for your support.

(867) 979-6468
membership@alianait.ca