



ORGANIZATION MEMBERSHIPS

AVMAD is dedicated to promoting and organizing educational events for the joy of community dancing and live music for dance. Join AVMAD as an organization and support a united effort towards this mission in the Arkansas Valley!

As an AVMAD Organization Member, You Receive:

- Your organization advertised on www.avmad.org, including:
 - Organization description
 - Logo and/or Photo
 - Hot link to your website
- Your logo/name on weekly avmad e-newsletter
- Your events* advertised in:
 - Weekly avmad e-newsletter sent to over 400 targeted recipients
 - Online calendar at avmad.org
 - Buena Vista Chamber of Commerce monthly newsletter & weekly email

**We post events related to AVMAD mission.*
- Individual membership benefits for two designated members of your organization:
 - Discounts at all AVMAD events
 - Annual member celebration
- Non-profit advertising rates with other media
- Ability to receive grants & donations when collaborating with AVMAD on special projects
- Opportunity to apply for insurance coverage for special events

Annual Membership Rates & Details

Annual Memberships run from January 1st – December 31st .

Rate is prorated if you join mid-year.

For profit organizations - \$125 / year

Not-for-profit organizations - \$75 / year

For not-for-profit organizations only: If you are already an individual member of AVMAD, your individual fee will be deducted from the organization membership fee. (So, if you already paid \$35 to be an individual member, the cost for not-for-profit organizations to become group members is only an additional \$40/year.)

Organizations whose events are always free - \$0/year

Other Advertising

If you choose to not join AVMAD, one-time advertisements in weekly e-newsletter and online calendar can be purchased for \$25 per event. Free events in line with our mission are posted for free.

AVMAD Requests that Organization Members:

- Email updated event information to info@avmad.org in a timely manner (see details below)
- Post *A Member of Arkansas Valley Music And Dance* on advertising for events related to our mission
- Limit your email advertising to avoid people feeling “spammed”
- Consult avmad.org calendar when organizing to minimize event conflicts with other member groups

Advertising Details

- Following admission into AVMAD, please email the following information for your group to info@avmad.org: Organization name, What you do, Why you do it, Contact name with email & phone, Website address. You may also submit a logo and/or photo (as gif or jpeg, no greater than 600 pixels in width or height).
- The details for upcoming events must be emailed to info@avmad.org by **Friday at noon**: Organization name, Event name, Date(s), Time(s), Description, Who’s invited, Cost, Contact name & phone number/email, Website address. An applicable image (as gif or jpeg, no greater than 600 pixels in width or height).
- If you have a photo and/or news report from an event, we’d love to get that as well! Please send photos as gif or jpeg, no greater than 600 pixels in width or height.
- We do not guarantee that entire event description, news reports or photos sent will be included.
- Weekly email will be sent to our mailing list by Monday at noon.

Insurance Details

Policy covers contra, English country and similar dance and song events (including partner dancing), whether they are monthly, weekly or occasional, regular dance and song series, concerts, performances, balls, workshops, festivals, holiday dances, week or weekends, residential or not, and as long as attendance is under 500 participants per event. Coverage is \$1,000,000 per occurrence, with an aggregate limit of \$3,000,000 for the CDSS policy. Premiums are \$50 per calendar day. Additional insureds are \$30 each. AVMAD must receive insurance requests at least 2 months prior to event to allow time for board approval and processing paperwork.

APPLICATION (please print legibly) – Applicants must fit into AVMAD Mission

Organization Name _____

Organization Mission _____

Contact name(s) _____

Email(s) _____ Phone number(s) _____

Mailing Address _____ City _____ State ___ Zip _____

Name two people in organization who will receive AVMAD individual member benefits, if different than above:

Email(s) _____ Phone number(s) _____

Mailing Address _____ City _____ State ___ Zip _____

What events will you be promoting through AVMAD ? _____

Check one of the following: ___for-profit ___not-for-profit ___free (you don’t charge for events)

If not-for-profit, please explain how proceeds are used: _____

You will be contacted within one month regarding the status of your application.

Mail form & check made out to AVMAD to: PO Box 4255, Buena Vista, CO 81211