**MEMBERSHIP APPLICATION**

**CHICAGO CULTURAL ALLIANCE**

# Chicago Cultural Alliance connects, promotes, and supports centers of cultural heritage for a more inclusive Chicago. With its beginnings at The Field Museum in collaboration with Chicago’s ethnic museums in 1998, the Alliance began as a formal non-profit organization in 2008. Our culture is deeply rooted in our member voices with the aim to bring together like-minded arts and culture professionals to transform the way we think about cultural inclusion and diversity. While Core Members are centers of immigrant and native heritage, Partner Members represent a wide range of nonprofit fields including museums, universities, and media to name a few. Partner Members are champions of inclusion and committed to long-term cross-cultural learning and collaboration within in their organizations and for the broader public. If you share a commitment to inclusion and diversity, we look forward to receiving your application!

**BENEFITS**

|  |  |
| --- | --- |
| **CORE MEMBER** | **PARTNER MEMBER** |
| * Connect with an expansive Chicago network of cultural organizations
* Participate in exciting conversations, programming discussions, and collaborations
* Opportunities to learn and share success through the Alliance’s capacity building workshops and conferences
* Exposure to wide audiences through our Culture Around the City newsletter and other digital marketing.
* Letters of Support
* Mailing Distribution around Core & Partner Member sites
 | * Connect with an expansive Chicago network of cultural organizations
* Participate in exciting conversations, programming discussions, and collaborations
* Opportunities to mentor and share success through the Alliance’s capacity building workshops and conferences
* Opportunity for leadership at the Alliance including Board of Directors, and involvement on various planning committees.
* Mailing Distribution around Core & Partner Member sites.
 |

**COMMITMENTS**

* Membership dues every January, along with your annual membership worksheet
* Designate a liaison staff member(s) from your organization as a primary contact to the Alliance
* Attend the Annual Meeting in June and Professional Development Conference in the February of each year, in addition to other planning or collaborative meetings.
* Recognize the Alliance community as a reciprocal relationship by sharing resources including marketing, program content, and operations
* Consider serving as a Board Member or a Committee Member to become more actively involved in the strategic decision making that activates our mission
* If approved as a **Core Member**, provide strategic oversight as part of the Leadership Council, made up of Core Member CEOs

**ANNUAL MEMBERSHIP DUES**

|  |
| --- |
| **CORE MEMBERSHIP DUES** |
| Annual Operating Budget Size | Dues Amount  |
| Less than $75,000 | $60 |
| $75,000-299,999 | $120 |
| $300,000-599,000 | $180 |
| $600,000-999,000 | $480 |
| $1,000,000-6,999,999 | $720 |
| $7,000,000-14,999,999 | $960 |
| Over $15,000,000 | $1,200 |

|  |
| --- |
| **PARTNER MEMBERSHIP DUES** |
| Annual Operating Budget Size | Dues Amount  |
| Less than $299,999 | $180 |
| $300,000-499,999 | $300 |
| $500,000-999,000 | $600 |
| $1,000,000-6,999,999 | $720 |
| $7,000,000-14,999,999 | $960 |
| Over $15,000,000 | $1,200 |

**GENERAL INFORMATION:**

Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Organizational Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Membership Dues are based on the Organizational Budget*

**APPLICATION QUESTIONS:**

1. Which membership status are you applying for – Core Member representing a first voice cultural heritage institution, or Partner Member, representing a Chicago-based organization invested in cultural diversity, equity and inclusion?

CORE MEMBERSHIP PARTNER MEMBERSHIP

2. Does your organization hold federal 501 (c) (3) tax-exempt status? If not, have you applied for this status or are you operating under a fiscal sponsorship? Please provide the effective date of this status and your assigned EIN or the date that your application was submitted.

Yes (date) No (date of application)

EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What is your organization’s mission?

4. What are the primary cultural activities of your organization?

5. Why would you like to become a member of the Chicago Cultural Alliance? What do you hope to accomplish by joining?

6. What kind of partnerships are you looking for through the Alliance community? Please list ideas for programs, projects, or ways to connect.

7. Are you interested in participating in current programs with the Alliance and its Core Members and Partners? If so, which programs?

8. How does your organization already embrace cultural inclusion and diversity? In what ways are you trying to improve your organizations diversity, equity and inclusion? Please explain.

9. If you are applying for a CORE MEMBERSHIP which cultural heritage does your organization represent? Please describe the community, and its history in Chicago.

* 1. How many people do you serve on an annual basis?
	2. What is the population of your ethnic group in the Chicago region? (if known)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the Organization is located in the Chicago Metropolitan area, has federal 501(c)(3) tax-exempt status or is waiting for approval, that it receives less than 50% funding from country of origin including political or government affiliated entities. I understand that the Organization must be willing to engage and actively participate with the Alliance, including -but not limited to- attendance at meetings and collaboration with other members.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have any questions, contact the Membership & Development Associate:**

**Teresita Avilés Bailey at** taviles@chicagoculturalalliance.org **or call (312)846-6814 ext.100**