



Name of organization: _____

Contact Name & e-mail: _____

AGM Delegate Name: _____

Address: _____
(City / Province + postal code)

Phone number(s): _____

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

Number of members in your organization: _____

Please check the region that applies to your organization. NIMAC members 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 \$ 100, 000	\$ 100,00
\$ 100, 000 – \$ 300, 000	\$ 200,00
More then 300,000\$	\$ 300,00

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.