



# Registration/Renewal Business/Organization \$120

Membership is for 365 days from date of payment.

How did you hear about KIIC? \_\_\_\_\_ **Registration Date:** \_\_\_\_\_

**I am a:** \_\_\_\_\_New KIIC Member \_\_\_\_\_Renewing KIIC Member

**Business Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_non-profit \_\_\_\_\_for profit corporation \_\_\_\_\_LLC \_\_\_\_\_sole proprietor \_\_\_\_\_Other

**Date of Business Registration/Incorporation:** \_\_\_\_\_ (if registration is pending, indicate as such)

**Primary Contact Name:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_

**Address** (include zip): \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

**Business Website:** \_\_\_\_\_

**Social Media** Links: (facebook, twitter, Instagram, etc): \_\_\_\_\_

**Staffing:** \_\_\_\_\_ I am the only staff member of the company currently  
\_\_\_\_\_ We employ/contract additional staff

Current # of Staff (incl yourself) \_\_\_\_\_FT employees \_\_\_\_\_PT employees Avg Salary: \_\_\_\_\_  
\_\_\_\_\_contractors Avg Fees: \_\_\_\_\_

**Financials:** Date of most recently completed fiscal year: \_\_\_\_\_  
Total expenses for most recently completed FY: \$ \_\_\_\_\_  
Total revenues for most recently completed FY: \$ \_\_\_\_\_

**Primary Genre** of your entrepreneurial arts endeavors (If you work in multiple genres, indicate primary with #1; and so on)  
\_\_\_\_\_*Music* \_\_\_\_\_ *Written Word* \_\_\_\_\_ *Written Word* \_\_\_\_\_ *Art Location (i.e. Museum, Art Center)*  
\_\_\_\_\_*Dance* \_\_\_\_\_ *Creative Technologies* \_\_\_\_\_ *Jeweler* \_\_\_\_\_ *Multi-Disciplinary*  
\_\_\_\_\_*Theater* \_\_\_\_\_ *Graphic Design* \_\_\_\_\_ *Culinary Arts* \_\_\_\_\_ *Other:* \_\_\_\_\_  
\_\_\_\_\_*Film* \_\_\_\_\_ *Visual Art (Medium: \_\_\_\_\_)*

### PRIMARY BUSINESS CONTACT (owner, director) OPTIONAL DEMOGRAPHIC INFO:

*Keshet is a 501c3 non-profit organization. Please help us report back to our community partners by completing the following info:*

**Ethnicity:** \_\_\_African American \_\_\_Asian \_\_\_Caucasian \_\_\_Hispanic \_\_\_Latino \_\_\_Multi-Racial \_\_\_Native American \_\_\_Other

**Education:** \_\_\_some high school \_\_\_completed high school \_\_\_some college \_\_\_completed college \_\_\_graduate school or above

**Household Size:** # of members in household \_\_\_\_\_

**Yearly Household Income:** \_\_\_\$0-\$11,770 \_\_\_\$11,771-14,999 \_\_\_\$15,000-19,999 \_\_\_\$20,000-24,999 \_\_\_\$25,000-29,999  
\_\_\_\_\_ \$30,000-34,999 \_\_\_\_\_ \$35,000-39,999 \_\_\_\_\_ \$40,000 and above

Briefly describe your business endeavor – **what do you do?**

What are your **short term goals** for your arts business / as an arts entrepreneur?

What are your **long term goals** for your arts business / as an arts entrepreneur?

As a Business/Organization Member, you can have up to 5 contacts under your membership that can take advantage of the all the KIIC Benefits! Please provide information for your additional contacts below.

2. Contact Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

3. Contact Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

4. Contact Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

5. Contact Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

**Please send your completed registration form along with payment to the address below.**

4121 Cutler Ave NE, ABQ, NM, 87110  
www.KeshetArts.org/KIIC  
kiic@KeshetArts.org 505-224-9808

SG, 02.08.17  
Date Pd \_\_\_\_\_ CRM data entered \_\_\_\_\_