



Cultural Alliance of Greater Hampton Roads Arts Passport Program

Organization Name: _____

Organization Contact Person: _____

Organization Address: _____

_____ ZIP _____

Organization's website: _____

I AGREE to participate in the Cultural Alliance of Greater Hampton Roads Arts Passport Program for individuals who are members/donors to the Cultural Alliance of Greater Hampton Roads. Upon presentation of the "Arts Passport Card", our organization will offer the following benefit to them:

This AGREEMENT will start immediately and will remain in effect until June 30, 2018. At this time the Cultural Alliance will contact your organization about renewing this AGREEMENT.

Name of Organization's representative

Print Name

DATE: _____

The Cultural Alliance wishes to thank you for your participation in this arts program!