

Nonprofit Membership Application Form

Organization Name

Executive Director or Main Contact Name

Address

City

State

Zip

Phone

Fax

Main Contact Email

Website

Promo Code

Federal Tax ID # (if known)

If your annual budget is...	Your annual membership dues are:
\$0-\$99,999	\$50
\$100,000 - \$199,999	\$100
\$200,000 - \$399,999	\$150
\$400,000 - \$699,999	\$275
\$700,000 - \$999,999	\$450
\$1 million - \$2 million	\$600
\$2 million - \$3 million	\$750
\$3 million - \$5 million	\$900
\$5 million - \$10 million	\$1,100
\$10 million - \$20 million	\$1,400
above \$20 million	\$1,600

Memberships run for 12 months from when your organization's membership dues were first received.

Membership dues are used in the year in which they are received.

\$_____ Annual Membership Dues Amount

Check Enclosed

Please Bill My Credit Card

Card Number

Expiration Date

Name (as it appears on card)

Organization Name (if corporate card)

Billing Address (if different than above)

Cardholder Signature
