

# Associate Membership Application Form

Main Contact Name

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Business Name (as you would like it listed in promotional materials)

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Business Address

City

State

Zip

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Phone

Fax

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Main Contact Email

Website

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Benefits	Basic Level (\$100)	Supporter Level (\$250)	Advocate Level (\$500)	Ally Level (\$1000)
1 Year Subscription to Nonprofit News	◇	◇	◇	◇
Discounts to Trainings and Events	◇	◇	◇	◇
Discounts on Publications	◇	◇	◇	◇
50% Discount on Mailing List Rental	◇	◇	◇	◇
Advertise in Print & Email Newsletters	◇	◇	◇	◇
Submit Speaking and Info Article Proposals	◇	◇	◇	◇
Link to Your Website in Member Directory	◇	◇	◇	◇
Free 1 Year Basic Listing in The Nonprofit SpecialIST	◇			
Free 1 Year Enhanced Listing in The Nonprofit SpecialIST		◇	◇	◇
Free 1-Time Use of Member Mailing List			◇	◇
50% Discount on Ads in Print & Email Newsletters			◇	◇
Second Free 1-Time Use Member Mailing List				◇
Free one-month sponsorship/ad in MCN email newsletter				◇

\$100 Basic

\$250 Supporter

\$500 Advocate

\$1,000 Ally

Check Enclosed

Please Bill My Credit Card

Card Number

Expiration Date

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Name (as it appears on card)

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Organization Name (if corporate card)

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Billing Address (if different than above)

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Cardholder Signature

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