

# Nonprofit Membership Application Form

For more information about membership, visit [www.minnesotanonprofits.org/join-mcn](http://www.minnesotanonprofits.org/join-mcn)

Organization Name \_\_\_\_\_

Executive Director or Main Contact Name \_\_\_\_\_

Main Contact Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

EIN / Federal Tax ID # (if known) \_\_\_\_\_

Notes \_\_\_\_\_

| If your annual budget is... | Your annual membership dues are: |
|-----------------------------|----------------------------------|
| \$0 - \$24,999              | \$50                             |
| \$25,000 - \$49,999         | \$75                             |
| \$50,000 - \$99,999         | \$100                            |
| \$100,000 - \$199,999       | \$150                            |
| \$200,000 - \$399,999       | \$200                            |
| \$400,000 - \$699,999       | \$325                            |
| \$700,000 - \$999,999       | \$550                            |
| \$1 million - \$2 million   | \$700                            |
| \$2 million - \$3 million   | \$850                            |
| \$3 million - \$5 million   | \$1,000                          |
| \$5 million - \$10 million  | \$1,300                          |
| \$10 million - \$20 million | \$1,600                          |
| above \$20 million          | \$1,850                          |

*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. Participation in BenefitsMN (MCN's Association Health Plan) may temporarily impact membership start/renewal date.*

\$\_\_\_\_\_ Annual Membership Dues Amount    \_\_\_ Check Enclosed    \_\_\_ Bill My Credit Card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV (required) \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Organization Name (if corporate card) \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

## Primary Mission

(select which best applies)

- Arts, Culture and Humanities
- Education Institutions and Related Activities
- Environmental Quality, Protection and Beautification
- Animal-Related
- Health – General and Rehabilitative
- Mental Health, Crisis Intervention
- Diseases, Disorders, Medical Disciplines
- Medical Research
- Crime, Legal-Related
- Employment, Job-Related
- Food, Agriculture and Nutrition
- Housing, Shelter
- Public Safety, Disaster Preparedness and Relief
- Recreation, Sports, Leisure
- Youth Development
- Human Services – Multipurpose and Other
- International, Foreign Affairs and National Security
- Civil Rights, Social Action, Advocacy
- Community Improvement, Capacity Building
- Philanthropy, Volunteerism and Grantmaking Foundations
- Science and Technology Institutes, Services
- Public, Society Benefit – Multipurpose and Other
- Religion-Related, Spiritual Development
- Mutual/Membership Benefit Organizations
- Unknown