

Center for Nonprofit Advancement Membership Application

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web site Address: _____

Application Contact: _____ E-mail: _____

Executive Director: _____ E-mail: _____

Board Chair/President: _____ E-mail: _____

Organization Mission Statement:

Federal ID Number: _____ # of employees: _____

Annual Expenses: _____ # served annually: _____

Signature of Primary Contact: _____ Date: _____

| | | | | |
|---------------------------|------------------|------------|------|----------|
| Method of Payment: | | | | |
| Amount: _____ | Check Enclosed | Mastercard | Visa | Discover |
| Card Number: _____ | Exp. Date: _____ | | | |
| Cardholder Name: _____ | Signature: _____ | | | |

How did you hear about the Center?

Referred by Center Member: _____ Web site _____ Event _____

Other: _____

What Center benefits are you interested in taking advantage of?

| | | |
|----------------------------|--------------------|----------------------------------|
| Health Care Program | Aflac | Credit Union Membership |
| Online Job Bank | Unemployment Trust | BOB Human Resources |
| Office Supply Discount | Advocacy | Employee Retirement Plans |
| Professional Development | Networking | Commercial & Liability Insurance |
| TV/publicity opportunities | BOB Finance | Online Resource Center |
| Other _____ | | |

We are seeking membership with the Center for Nonprofit Advancement. We agree with the Center's purpose and objectives. We understand that:

- Membership is limited to 501(c) IRS tax-exempt organizations registered in the District of Columbia, Montgomery and Prince George's counties in Maryland or Virginia.
- Dues cover a 12-month period from date paid.
- Membership with the Center does not guarantee eligibility to the Health Program or other Center member benefits.
- This is an organizational membership with the Executive Director as the official representative to the Center unless otherwise noted on the application.
- By providing a signature, I consent to receive email communications sent to my organization by or on behalf of the Center for Nonprofit Advancement/Center for Nonprofit Advancement's Benefits Trust to the addresses listed on the application.

Dues Structure (as of 01/05)

If annual expenses* are: Dues are:

| | |
|-------------------------|---------|
| \$24,999 and below | \$100 |
| \$25,000–\$49,999 | \$150 |
| \$50,000–\$99,999 | \$225 |
| \$100,000–\$199,999 | \$325 |
| \$200,000–\$399,999 | \$450 |
| \$400,000–\$699,999 | \$575 |
| \$700,000–\$999,999 | \$675 |
| \$1,000,000–\$1,999,999 | \$800 |
| \$2,000,000–\$3,999,999 | \$975 |
| \$4,000,000–\$5,999,999 | \$1,200 |
| \$6,000,000–\$9,999,999 | \$1,300 |
| \$10 million and above | \$1,500 |

* Total Expenses from Form 990.

Questions?

Contact us at 202.457.0540 or visit www.nonprofitadvancement.org

Please attach a copy of Page 1 of your organization's most recent Form 990. If no form is required by law, please attach a copy of your most recent income statement. **Submit application materials with your dues payment to: Center for Nonprofit Advancement, P.O. Box 62583, Baltimore, MD 21264-2583.**