

Associate Membership Application



Date: _____ New Member Renewing Member

Contact Person: _____ Title: _____

Email Address: _____

Web Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Federal Tax ID#: _____

Annual Revenue*: _____

of Employees: FT _____ PT _____ # of Board members: _____

Associate Member Dues

Membership Code	Type of Associate	Annual Dues
A1	Individual	\$100
A2	Corporate	\$500
A3	Future Nonprofit (includes organizing committees, boards and other groups whose organization has not yet received a nonprofit determination from the IRS)	\$100

How did you hear about the Oklahoma Center for Nonprofits and/or the Alliance? _____

What are your primary reasons for joining? _____

Would you like more information about Oklahoma Center for Nonprofits benefits? _____

(If yes, please specify) _____

Annual Membership Dues (from schedule above):

____ A1 (\$100) ____ A2 (\$500) ____ A3 (\$100)

____ Optional Board Source membership (\$69) ____ Optional GrantStation membership (\$20)

Method of Payment:

____ Check or Money Order enclosed (payable to Oklahoma Center for Nonprofits)

____ Visa ____ Mastercard

Card Number: _____ Expiration Date: _____

Name on card: _____ Signature: _____