



## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_  New Member  Renewing Member

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

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Annual Revenue\*: \_\_\_\_\_ # of Employees: FT \_\_\_\_\_ PT \_\_\_\_\_

### Nonprofit Member Dues

Membership Code	Organizational Revenue	Annual Dues
N1	\$1 - \$249,999	\$100
N2	\$250,000 - \$749,999	\$250
N3	\$750,000 or more	\$500

\*Your annual revenue as listed on your latest Form 990, line 12, determines your annual dues. Please select the appropriate level for your nonprofit.

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 employee benefits? \_\_\_\_\_ (If yes, please specify)

Would you like more information about organizational insurance? \_\_\_\_\_ (If yes, please specify)

Annual Membership Dues (from schedule above):

\_\_\_\_ N1 (\$100) \_\_\_\_ N2 (\$250) \_\_\_\_ N3 (\$500) \_\_\_\_ Optional Board Source membership (\$59)

Method of Payment

\_\_\_\_ Check or Money order enclosed payable to Oklahoma Center for Nonprofits

\_\_\_\_ Visa \_\_\_\_ Mastercard

Card Number: \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

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FREE Help Line

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