

Membership Application Form



Receive membership in the Oklahoma Alliance of Nonprofits when you join the Center Membership Network!

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 _____ # of Board Members: _____

Nonprofit Member Dues

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

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

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):

N1 (\$100) N2 (\$250) N3 (\$500)

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

*You may enroll online through the "Members Only" portion of the website.

Method of Payment:

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

Visa Mastercard Please invoice me

Card Number: _____ Expiration Date: _____

Name on card: _____ Signature: _____