

# 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 (\$30)

## Method of Payment:

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

Visa  Mastercard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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