

Oklahoma Center for Nonprofits

Center MEMBERSHIP Network

ASSOCIATE MEMBERSHIP APPLICATION

Date: _____ New Member Renewing Member
Contact Person: _____
Email Address: _____
Web Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Federal Tax Id#: _____ # of Employees: FT _____ PT _____

Associate Member Dues

Table with 3 columns: Membership Code, Type of Associate, Annual Dues. Rows include A1 (Individual, \$100), A2 (Corporate, \$500), and A3 (Future Nonprofit, \$100).

How did you hear about the Oklahoma Center for Nonprofits? _____
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)
about organizational insurance? _____ Employee benefits? _____

Annual Membership Dues (from schedule above):
___A1 (\$100) ___A2 (\$500) ___A3 (\$100) ___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: _____

Please mail or fax completed forms to the Oklahoma City address below.
For additional information, please contact Tod Bryant, (405)236-8133, extension 212.

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405-236-8133
Fax 405-272-0436



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