



ASSOCIATE MEMBERSHIP APPLICATION

(Organizations that have received a nonprofit status determination letter from the IRS should complete the Nonprofit Membership Application)

Name of Associate: _____

Address: _____

City, State, & Zip: _____

Telephone: _____ Fax: _____

Website: _____

Chief Contact Person: _____ Title: _____

Individual E-mail: _____

Annual Membership Dues \$ _____ (from chart below)

One-Half Due Now \$ _____ (you will be billed for the balance in six months)

TYPE OF ASSOCIATE	ANNUAL DUES	TYPE OF ASSOCIATE	ANNUAL DUES
Future Nonprofit*	\$100	Small Business	\$500
Individual	\$150	Major Corporation	\$1,500
Government Agency	\$350		

Do you wish to be listed in our Consultant Databank? Yes No

***To be completed by future nonprofits (includes organizing committees, boards, and other groups that have not yet received a nonprofit determination letter from the IRS) only:**

Incorporated? Yes No If yes, year incorporated: _____

Board of Directors of more than three unrelated individuals? Yes No

Form 1023 filed? Yes No If yes, month and year filed: _____

Membership is not active until payment has been received. You may submit payment by check or charge.

Check enclosed (payable to Delaware Association of Nonprofit Agencies)

Charge \$ _____ to my: Visa MasterCard

Account Number

Expiration Date

Cardholder's Name

Return to: Delaware Association of Nonprofit Agencies • 100 W. 10th Street, Suite 102 • Wilmington, DE 19801

For information on all Member Benefits, see our website at www.delawarenonprofit.org