

Please print this form,  
fill it out, and mail it  
to the address below.



## NONPROFIT MEMBERSHIP APPLICATION

(Individuals, for-profit corporations, and organizations that have not received a nonprofit status determination letter from the IRS should complete the Associate Membership Application.)

Name of Nonprofit: \_\_\_\_\_

Organization E-mail: \_\_\_\_\_

Organization Website: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Chief Professional Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Individual E-mail: \_\_\_\_\_

Contact Person if Different: \_\_\_\_\_ Title: \_\_\_\_\_

Individual E-mail: \_\_\_\_\_

**Annual Membership Dues:** \$ \_\_\_\_\_ (from chart below)

**One-half Due Now:** \$ \_\_\_\_\_ (You will be billed for the balance in six months.)

ORGANIZATION'S ANNUAL BUDGET	DUES
\$1 – \$99,999	\$50
\$100,000 – \$199,999	\$100
\$200,000 – \$399,999	\$150
\$400,000 – \$699,000	\$200
\$700,000 – \$999,999	\$275
\$1,000,000 – \$1,999,999	\$350
\$2,000,000 and above	\$500
<b>ASSOCIATE MEMBERS</b>	<b>\$200</b>

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](http://www.delawarenonprofit.org).

100 W. 10TH STREET SUITE 102 WILMINGTON, DE 19801 302.777.5500 FAX 302.777.5386

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