



## NONPROFIT MEMBERSHIP APPLICATION

All DANA members should have received official nonprofit status from the IRS or have begun the nonprofit certification process.

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)

ORGANIZATION'S ANNUAL BUDGET	DUES
\$1 - \$99,999	\$50
\$100,000 - \$199,999	\$100
\$200,000 - \$399,999	\$150
\$400,000 - \$699,999	\$200
\$700,000 - \$999,999	\$275
\$1,000,000 - \$1,999,999	\$350
\$2,000,000 and above	\$500

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

Check enclosed (payable to Delaware Alliance for Nonprofit Advancement)

Charge \$ \_\_\_\_\_ to my  Visa  Mastercard

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Security Code: \_\_\_\_\_

RETURN TO: DELAWARE ALLIANCE FOR NONPROFIT ADVANCEMENT 100 W. 10<sup>TH</sup> STREET, SUITE 1012 WILMINGTON, DE 19801

[DANA@DELAWARENONPROFIT.ORG](mailto:DANA@DELAWARENONPROFIT.ORG)

[WWW.DELAWARENONPROFIT.ORG](http://WWW.DELAWARENONPROFIT.ORG)