



Membership Application

Name: _____ Title: _____
 Organization: _____ Tax ID: _____
 Address: _____ City: _____
 State: _____ County: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Email: _____ Website: _____
 Referred by: _____

*** YES! I want to strengthen Michigan's nonprofit sector! ***

Membership Dues Structure Nonprofit/Tax-Exempt Organizations	
<u>Annual Operating Budget</u>	<u>Annual Dues</u>
\$0 - 100,000	\$ 80.00
\$100,001 – 250,000	\$ 160.00
\$250,001 – 500,000	\$ 270.00
\$500,001 – 750,000	\$ 370.00
\$750,001 – 1 Million	\$ 480.00
\$1,000,001 – 2 Million	\$ 580.00
\$2,000,001 – 4 Million	\$ 790.00
\$4 Million +	\$1100.00

Payment Method

Total Amount Enclosed: _____

Check
 Enclosed, payable to **Michigan Nonprofit Association** (mail to the address below)

Charge
 Visa
 MasterCard
 Discover
 American Express

Card #: _____ Exp. _____
 Name on Card: _____
 Signature: _____

Mail or Fax Completed Application to:
 Michigan Nonprofit Association
 1048 Pierpont, Suite 3
 Lansing, MI 48911
 Fax: (517) 492-2410