

Foundation Membership Application Form

For more information about membership, visit www.minnesotanonprofits.org/join-mcn

Foundation Name _____

Executive Director or Main Contact Name _____ Main Contact Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Website _____

EIN / Federal Tax ID # (if known) _____ Notes _____

Corporate Foundation Membership Levels

If your total annual giving is...	Your annual membership dues are:
\$1 million or below	\$2,500
\$1 million - \$2 million	\$5,000
\$2 million or above	\$10,000

Foundation Type

(select which best applies)

- Corporate Foundation
- Community Foundation
- Private Foundation

Community & Private Foundation Membership Levels

If your total assets are...	Your annual membership dues are:
\$10 million or under	\$2,500
\$10 million - \$50 million	\$5,000
\$50 million or above	\$10,000

Memberships run for 12 months from when your organization's membership dues were first received.

Membership dues are used in the year in which they are received.

Participation in BenefitsMN (MCN's Association Health Plan) may temporarily impact membership start/renewal date.

\$_____ Annual Membership Dues Amount ___ Check Enclosed ___ Bill My Credit Card*

Card Number _____ Expiration Date _____ CVV (required) _____

Name (as it appears on card) _____

Organization Name (if corporate card) _____

Billing Address (if different than above) _____

Cardholder Signature _____

**Per MCN's credit card processing policy, a three-percent charge will be added to any credit card charges over \$2,000 in total.*