

Associate Membership Application Form

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

Main Contact Name*

Business Name (if applicable)

Business Address

City

State

Zip

Main Contact Email

Website

Phone**

Fax

*The main contact will be the individual who will receive future renewal invoice notices. **By providing your phone number, you are consenting to receive SMS notifications.

Benefits	Individual (\$50)	Basic (\$150)	Supporter (\$300)	Advocate (\$600)	Ally (\$1,200)
Recognition as a key supporter of Minnesota's nonprofit sector	•	•	•	•	•
Subscription to <i>Nonprofit News</i> quarterly print newsletter	•	•	•	•	•
Discount on MCN event and conference registrations (25-30%)	•	•	•	•	•
50 percent discount on MCN publications	•	•	•	•	•
Access to online MCN member badge for company website		•	•	•	•
Invitation to submit speaking proposals for MCN conferences		•	•	•	•
Link to your website in MCN member list		•	•	•	•
50 percent discount on rental of MCN direct mail list		•	•	•	•
Free listing on Nonprofit SpecialIST online business directory		Basic	Enhanced	Enhanced	Enhanced
50 percent discount on print and digital display advertising				•	•
\$100 discount on exhibit space at MCN conferences				•	•
Free one-time use of MCN direct mail list				1	2
One free e-newsletter sponsorship (\$500 value)					•
Two free tickets to MCN Annual Conference (\$500 value)					•

\$50 Individual

\$150 Basic

\$ 300 Supporter

\$ 600 Advocate

\$ 1,200 Ally

Check Enclosed

Please Bill My Credit Card

Card Number:

Expiration Date:

CW (required):

Name (as it appears on card):

Organization Name (if corporate card):

Billing Address (if different than above):

Cardholder Signature