## 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 invol	ice notices. **By providi	ng your phone nu	mber, you are consent	ting to receive SMS n	otifications.
Benefits	Individual (\$50)	Basic (\$150)	Supporter (\$300)	Advocate (\$600)	Ally (\$1.200)
Recognition as a key supporter of Minnesota's nonprofit sector	•	•	•	•	•
Subscription to Nonprofit News quarterly print newsletter	•	•	•	•	•
Discount on MCN event and conference registrations (25-30%)	•	•	•	•	•
50 perecent 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 (\$600 value)					•
Two free tickets to MCN Annual Conference (\$600 value)					•
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\$50 Individual	\$ 300 Supporter	\$	600 Advocate	\$1,20	00 Ally
Check Enclosed Please 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					