## Nonprofit Membership Application Form



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

Organ	ization Name			
Execu	tive Director or Main Contact Name*	Main Contact Ema	ail	
Address		City	State Zip	
Phone	5**	Website		
EIN / F	Federal Tax ID # (if known)	Notes		
	*The main contact will be the individual who will	receive future renewal invoice notices. **By providing your phone n	number, you are consenting to receive SMS notifications.	
	If your annual budget is	Your annual membership dues are:	Primary Mission	
	Membership dues are used in the year	\$50 \$75 \$100 \$150 \$150 \$200 \$325 \$550 \$7700 \$850 \$1,000 \$1,300 \$1,300 \$1,600 \$1,850	(select which best applies)  Arts, Culture and Humanities Education Institutions and Related Activities Environmental Quality, Protection and Beautification Animal-Related Health - General and Rehabilitative Mental Health, Crisis Intervention Diseases, Disorders, Medical Disciplines Medical Research Crime, Legal-Related Employment, Job-Related Employment, Job-Related Food, Agriculture and Nutrition Housing, Shelter Public Safety, Disaster Preparedness and Relief Recreation, Sports, Leisure Youth Development Human Services - Multipurpose and Other	
5	Annual Membership Dues Amount		☐ International, Foreign Affairs and National Security ☐ Civil Rights, Social Action, Advocacy ☐ Community Improvement, Capacity	
Card Number Name (as it appears on card)		Expiration Date CVV (required)	Building  Philanthropy, Volunteerism and Grantmaking Foundations  Science and Technology Institutes,	
Organization Name (if corporate card)  Billing Address (if different than above)			Science and Technology Institutes, Services Public, Society Benefit – Multipurpose and Other Religion-Related, Spiritual Development Mutual/Membership Benefit Organizations	
- ··	11.6		Unknown	
Cardh	older Signature			