## Nonprofit Membership Application Form



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

Organiz	ation Name			
Executive Director or Main Contact Name*		Main Contact Email		
Address		City		State Zip
Phone*		Website		
EIN / Fe	deral Tax ID # (if known)	Notes		
,		eceive future renewal invoice notices. **By providing your pho		r, you are consenting to receive SMS notifications.
	If your annual budget is  \$0 - \$24,999  \$25,000 - \$49,999  \$50,000 - \$99,999  \$100,000 - \$199,999  \$200,000 - \$399,999  \$400,000 - \$699,999  \$700,000 - \$999,999  \$1 million - \$2 million  \$2 million - \$3 million  \$3 million - \$5 million  \$5 million - \$10 million  \$10 million - \$20 million  \$20 million - \$40 million  Above \$40 million	\text{Your annual membership dues are} \begin{align*} \\$5 \\ \\$8 \\ \\$12 \\ \\$17 \\ \\$22 \\ \\$35 \\ \\$58 \\ \\$58 \\ \\$75 \\ \\$90 \\ \\$1,10 \\ \\$1,40 \\ \\$1,70 \\ \\$1,95 \\ \\$2,10 \\ \\$2,10		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  Food, Agriculture and Nutrition  Housing, Shelter  Public Safety, Disaster Preparedness and Relief  Recreation, Sports, Leisure
which they are received. Participation in BenefitsMN may temporarily impact membership start/renew  SAnnual Dues Amount Check Enclosed Bill Credit Card (do not email*) Sen		osed Bill Credit Card (do not email*) Send Invo	· ⊏	Other  International, Foreign Affairs and National Security  Civil Rights, Social Action, Advocacy  Community Improvement, Capacity Building
Cardholder Signature				

\*For data security purposes, if paying with credit card, please DO NOT return form via email. Instead, please return this form via mail or fax, call 651-642-1904, or join/renew online at www.minnesotanonprofits.org/join-mcn.