

AFFILIATE MEMBER APPLICATION

MNA welcomes the support of individuals, consultants, businesses, governmental entities and other exempt organizations through our Affiliate Member program. Affiliate Members enjoy discounts to trainings and workshops, publications, recognition on the MNA website, referrals and more.

Visit www.mtnonprofit.org for a full list of benefits and additional information.

Member Information

Organization Name _____ Website _____

Mailing Address _____

Street Address (if different) _____

City _____ State _____ ZIP _____

County _____ Phone _____

Additional Information *(for consultants, government entities, exempt organizations and businesses)*

Organization Name _____

Executive Director/CEO _____ Email _____

Contact Person (if other than ED/CEO) _____ Title _____

Email me with information about creating a Partners for Good Directory listing.

Annual Dues (Please select the appropriate category)

- | | |
|--|---------------------------------|
| \$50 - Individual (Household, Student, Supporter) | Business |
| \$125 - Government Entity | \$125 - (1 employee/consultant) |
| \$125 - Other Exempt Organization | \$200 - (2-10 employees) |
| \$1000 - Sustainer (individual, business, foundations, etc.) | \$300 - (11-50 employees) |
| | \$600 - (50+ employees) |

Memberships are not charitable contributions and as such are not tax deductible. Should you wish to make a tax deductible charitable contribution in addition to joining as an Affiliate Member, please check the box below and indicate the total amount of your payment.

Charitable contribution enclosed with membership. Total payment = \$ _____

(Example: \$50 membership+ \$50 tax deductible charitable contribution= \$100 total payment)

* Please make checks payable to Montana Nonprofit Association and return this completed form and payment to: Montana Nonprofit Association, P.O. Box 1744, Helena, MT 59624. Be sure to make a copy of this completed form and keep it for your records.

Office use only: IRS ___ Info ___ Thx ___ N ___ MC ___

MR \$ _____ GS \$ _____ CK # _____