



# Nonprofit Center of Milwaukee 2017-18 Membership Invoice

Membership Period: July 1, 2017 – June 30, 2018 (starts immediately for new members)

Join or renew online at [www.npcmilwaukee.org](http://www.npcmilwaukee.org) or return this form with your check.

*Nonprofit Center of Milwaukee is a catalyst promoting the interests and enhancing the effectiveness of the nonprofit sector in southeast Wisconsin.*

**(1) Name of Nonprofit**

Website

Leader's Name & Title

Mailing Address

City, State, Zip

**(2) Primary Contact for Membership**  
(if different)

Contact's Role

Phone

Fax

Primary Contact's Email Address

Federal Employer ID #:

WI Certificate of Exempt Status # (optional):

Do you have 501(c)(3) status?

*If no, send IRS application acceptance letter*

**(3) Your Numbers**

Current Annual Budget:

Approx. # Board & Volunteers:

# of Paid FTE: 0 1 2-9 10-24 25-49 50-99 100-249 250-499 500-999 1000+

**FTE (Full-time equivalent employees) Formula:** Add up the total hours of service for which the employer pays wages to employees during the year (but not more than 2,080 hours for any employee), and divide that amount by 2,080. If the result is not a whole number, round to the next lowest whole number. However, if the result is less than one, round up to one FTE.

**(4) Your Mission Category: Choose *one* category that best describes your mission**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Arts & Culture          | <input type="checkbox"/> Human Services            | <input type="checkbox"/> International/Foreign Affairs |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Alcohol & Drug Abuse      | <input type="checkbox"/> Mutual/Membership Benefits    |
| <input type="checkbox"/> Environment & Animals   | <input type="checkbox"/> Children & Family Service | <input type="checkbox"/> Public/Societal Benefit       |
| <input type="checkbox"/> Foundation/Philanthropy | <input type="checkbox"/> Elderly                   | <input type="checkbox"/> Religious                     |
| <input type="checkbox"/> Government              | <input type="checkbox"/> Hunger & Housing          | <input type="checkbox"/> Sports/Recreation             |
| <input type="checkbox"/> Health                  | <input type="checkbox"/> Job Training              | <input type="checkbox"/> Workforce/Economic/           |
| <input type="checkbox"/> Human Services          | <input type="checkbox"/> Legal                     | <input type="checkbox"/> Community Development         |

**(5) I'm joining or renewing primarily because:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Free job postings   | <input type="checkbox"/> Free volunteer listings | <input type="checkbox"/> Workshop/Event discounts | <input type="checkbox"/> Member events/networking    |
| <input type="checkbox"/> Consulting discount | <input type="checkbox"/> Holiday Giving Tree     | <input type="checkbox"/> Other discounts          | <input type="checkbox"/> To support nonprofit sector |

**(6) Other Locations or Subsidiaries - Branch Memberships**

Do you have other locations or subsidiaries you would like to add to your membership? Yes No If Yes, these are Branch Memberships. Please complete 1 form per branch membership and add payment *if needed*. See \* & Dues at end of form.



## (7) Identify Your Free Affiliate Staff Memberships to Maximize Your Benefits

Your staff and board may receive free staff memberships. Use them to maximize the value of your organizational membership. Please complete the information below *as appropriate for your organization* for up to ten (10) staff memberships. Champion members may list 15-20 staff memberships.

Please list who is responsible for your leadership, accounting, human resources, fundraising, marketing, IT, operations, programs, and administration. If you are all or mostly volunteer, please list board officers and committee chairs. Use page 4 if needed.

Executive: First & Last Name

Job Title

Direct Phone

Email

Accounting: First & Last Name

Job Title

Direct Phone

Email

HR: First & Last Name

Job Title

Direct Phone

Email

Development: First & Last Name

Job Title

Direct Phone

Email

Marketing: First & Last Name

Job Title

Direct Phone

Email

IT: First & Last Name

Job Title

Direct Phone

Email

Operations: First & Last Name

Job Title

Direct Phone

Email

Program: First & Last Name

Job Title

Direct Phone

Email

Administrative: First & Last Name

Job Title

Direct Phone

Email

Board President: First & Last Name	
Direct Phone:(optional)	Email
Board Treasurer: First & Last Name	
Direct Phone:(optional)	Email
Board Secretary: First & Last Name	
Direct Phone:(optional)	Email
Staff Membership: First & Last Name	
Job Title	
Direct Phone	Email
Staff Membership: First & Last Name	
Job Title	
Direct Phone	Email
Staff Membership: First & Last Name	
Job Title	
Direct Phone	Email
Staff Membership: First & Last Name	
Job Title	
Direct Phone	Email

**2017 Member Dues**

Member dues are based on your nonprofit's annual operating budget:

Budget Size	Dues	Budget Size	Dues	Budget Size	Dues
\$0 - \$49,999	\$50	\$350,000 - \$599,999	\$250	\$2.5 - \$4.9 million	\$500
\$50,000 - \$199,999	\$100	\$600,000 - \$999,999	\$300	\$5.0 - \$9.9 million	\$600 *
\$200,000 - \$349,999	\$175	\$1.0 - \$2.49 million	\$400	\$10 million and above	\$750 *

**Champion Member** Receives additional benefits \$1,000 \*

\* Includes up to four branch memberships

**(8) 2017 Payment**

Annual Nonprofit Agency Member Dues	\$
Branch Membership for _____ Locations (\$40 each)	\$ _____ <i>if not included in member dues</i>
TOTAL Enclosed	\$ _____

Thank you for your membership! Make checks payable to the Nonprofit Center of Milwaukee and mail to:

Nonprofit Center of Milwaukee  
 2819 W. Highland Blvd.  
 Milwaukee, WI 53208

- ▶ Return this form with your check.
- ▶ Questions? Join or renew by phone? Need login help?
- ▶ Call 414-299-3756 or email [mthom@npcmilwaukee.org](mailto:mthom@npcmilwaukee.org)

For NPC: Date Pd \_\_\_\_\_ Ck # \_\_\_\_\_ Amount \_\_\_\_\_ Initials \_\_\_\_\_ Neon \_\_\_\_\_ File \_\_\_\_\_