



2017 Nonprofit Membership Application-Invoice

Membership Period: January 1, 2017 – December 31, 2017 (starts *immediately* for new members)

Join or renew online at www.npcmilwaukee.org or return this form with your check.
A fillable form is available for download at www.npcmilwaukee.org/membership.

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

(1) Your Organization

Date _____

Name of Nonprofit _____

Mailing Address _____

City, State, Zip _____

Main Phone _____ Website _____

Federal Employer ID # _____ WI Certif. of Exempt Status # (optional) _____

Year of Incorporation (optional) _____ Do you have 501(c)(3) status? ____ *If not, send IRS application acceptance letter.*

(2) Your Primary Contacts

Membership Decision Maker: First & Last Name _____

Job Title _____

Direct Phone _____ Email _____

Primary Membership Contact (If same as above, then Assistant to Decision Maker):

First & Last Name _____ Job Title _____

Direct Phone _____ Email _____

(3) Your Numbers

Current Annual Operating 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 sums up your mission.

Arts & Culture

Education

Environment & Animals

Foundation/Philanthropy

Government

Health

Human Services

Alcohol & Drug Abuse

Children & Family Service

Elderly

Hunger & Housing

Job Training

Legal

International/Foreign Affairs

Mutual/Membership Benefits

Public/Societal Benefit

Religious

Sports/Recreation

Workforce/Economic/
Community Development

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

___ Free job postings ___ Free volunteer listings ___ Workshop/Event discounts ___ Member events/networking

___ Consulting discount ___ Holiday Giving Tree ___ Other discounts ___ To support nonprofit sector

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(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 called Branch Memberships. Please complete 1 form per branch membership and add payment if needed. See * & Dues below.*

(7) Additional Contacts & Free Staff Memberships

Your staff and board may enjoy your NPC member benefits. Staff memberships are free. Use them to maximize the value of your organizational membership. Please complete the information below *as appropriate for your organization* and add other individuals for up to ten (10) staff memberships. Champion members may list up to 15 staff memberships.

Please list who is responsible for your leadership, accounting, human resources, fundraising, marketing, IT, operations, programs, and administration. If you are all/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 _____

Programs: First & Last Name _____

Job Title _____

Direct Phone _____ Email _____

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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 _____

2017 Member Dues *See Member Information sheet for details*

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

Special Early Bird Offer for Renewals Only: Received by 10/31-Take 10% discount. Received by 11/18 – Take 5% off.

Nonprofit Agency Member Dues \$ _____
Branch Membership for ____ extra locations @ \$40 ea. \$ _____ *if not included in member dues
Staff Memberships – No additional charge \$ 0.00
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? Call 414-344-3933 ext. 171
- ▶ Agency Executives Group (AEG) is now an event series.

For NPC: Date Pd _____ Check # _____ Amount _____ Initials _____ Neon _____ File _____