



Associate Payment Form

Organization/Agency _____

Department (if applicable) _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

My agency/organization is a:

- Chamber of Commerce
- City or county government department
- CVB
- Public library
- Trade association [501(c)(4) or 501 (c)(6)]
- University or college department

I confirm that my agency/organization is not a 501(c)(3) nonprofit nor a for-profit corporation or LLC.

Dues: \$250 annually.

Payment method

Check enclosed for \$250, payable to North Carolina Center for Nonprofits.

We wish to pay \$250 by invoice.

Please send an invoice for the total amount on _____ (date).

Form W-9 required Purchase Order Number required on invoice.

Please charge \$250 to: Master Card Visa Discover

Name on Card: _____ Card# _____

Exp Date _____ CVC _____

Signature: _____ Date: _____

Please return to:

Lynn Brinkley, Sustainability Assistant
North Carolina Center for Nonprofits
5800 Faringdon Place
Raleigh, NC 27609
(919) 790-1555, ext. 102