



# 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

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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 & Data Manager  
North Carolina Center for Nonprofits  
P. O. Box 98475  
Raleigh, NC 27624  
(919) 790-1555, ext. 102