North Carolina
Center *for* Nonprofits

Become a Member

Join online at www.ncnonprofits.org/membership/become-member
or mail this form with payment

Join today! Please provide the information below to complete your membership. Thank you for joining our nonprofit network!

Nonprofit Organizational Structure (select one):
- ❑ North Carolina 501(c)(3) nonprofit corporation
- ❑ Anticipate becoming 501(c)(3) and operating in NC
- ❑ Foreign nonprofit corporation incorporated in _____ (fill in state) and qualified to conduct business in North Carolina
- ❑ Unincorporated nonprofit association operating in North Carolina

How did you hear about the Center?
- ❑ Mailing
- ❑ Email
- ❑ Center-sponsored event
- ❑ Word of mouth. Referred by:
- _____
- ❑ Website
- ❑ Social Media-
- ❑ Other. Please list: _____

Contact Information

Primary Contact _____

Email Address _____

Job Title _____

Mailing Address
_____

City _____

State _____ Zip _____

Organization Name (legally registered with IRS)
_____

Organization Tradestyle (e.g., "Doing Business As" Name)
_____

EIN _____

Total Annual Expenses (as reported to the IRS)

$_____

Use "Total Expenses" from page 1 of IRS Form 990 or 990-EZ, or total expenses for prior fiscal year. Private foundations, use "Total Operating & Admin Expenses" from IRS 990-PF.

If annual expenses are:	Member Dues
Less than $50,000	$100
$50,000 to $99,999	$160
$100,000 to $199,999	$230
$200,000 to $299,999	$320
$300,000 to $499,999	$390
$500,000 to $749,999	$435
$750,000 to $999,999	$515
$1,000,000 to $1,999,999	$650
$2,000,000 to $4,999,999	$725
$5,000,000 to $9,999,999	$1,030
$10,000,000 or more	$1,550

Membership Dues* $_____

I wish to pay by:
- ❑ Check
- ❑ Credit Card

Cardholder Name_____

Card #_____

Exp Date _____ CVV _____

Billing Zip Code _____

Signature_____

Questions? Contact: info@ncnonprofits.org
P. O. Box 98475, Raleigh, NC 27624-8475

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Organization Information

Website _____

Phone _____

\# of Full-Time Staff _____
\# of Part-Time Staff _____
\# of Board Members _____

Voting Rights Email of Record (used to invite one representative to annual members meeting)

_____

Voting Rights Name of Record (name of the representative)

_____

What population does your nonprofit serve?
(Select a maximum of three)
- ❏ All populations
- ❏ Low-income populations
- ❏ Children (under 12)
- ❏ Youth (13-21)
- ❏ Elderly (65+)
- ❏ Women
- ❏ Men
- ❏ LGBTQIA+ community
- ❏ Disability community
- ❏ Military veteran community
- ❏ Immigrant / refugee community
- ❏ Rural populations
- ❏ (Formerly) incarcerated populations
- ❏ Asian or Asian American populations
- ❏ Black or African American populations
- ❏ Hispanic or Latino/a/x populations
- ❏ Middle Eastern or North African populations
- ❏ Native American or Pacific Islander populations
- ❏ Other racial or ethnic groups

Areas Served? (select one)
- ❏ International
- ❏ National
- ❏ Statewide
- ❏ Specific NC Counties (list all):

_____

_____

_____

Does the MOST SENIOR LEADER of your organization (e.g., c-suite executive or board chair) identify as belonging to any of the following groups?
(Check all that apply)
- ❏ Prefer not to identify
- ❏ Asian or Asian American
- ❏ Black or African American
- ❏ Hispanic or Latino/a/x
- ❏ Middle Eastern or North African
- ❏ Multi-Racial
- ❏ Native American or Pacific Islander
- ❏ White or European American
- ❏ Woman
- ❏ Man
- ❏ U.S. Military Veteran
- ❏ LGBTQIA+
- ❏ Person with Disabilities

Thank you for applying to be a member of the North Carolina Center for Nonprofits!

If your application is approved, you will receive a membership agreement to sign for finalizing your organization's 12-month membership.

*Dues cover 12-months from the join date. Every staff, board, and volunteer member of the organization can create an online account and access member benefits.

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