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, Website, App or
- ❑ 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	$110
$50,000 to $99,999	$170
$100,000 to $199,999	$240
$200,000 to $299,999	$340
$300,000 to $499,999	$420
$500,000 to $749,999	$465
$750,000 to $999,999	$550
$1,000,000 to $1,999,999	$695
$2,000,000 to $4,999,999	$775
$5,000,000 to $9,999,999	$1,100
$10,000,000 or more	$1,660

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

North Carolina Center *for* Nonprofits

Become a Member

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

*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.

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)

_____

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

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?

- ❑ International
- ❑ National
- ❑ Statewide
- ❑ Specific NC Counties (list all):

_____

_____

_____

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.

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