



2011 Membership Information

Please fill in all information below

Organization:		Date:
Physical Address:		Mailing Address (if different):
Phone:	Fax:	Email:
Website:		
Mission:		
Scope: <input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Local		IRS Classification: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(6) <input type="checkbox"/> Other _____
		# of Employees: _____ Full Time _____ Part Time
Type of Organization: <input type="checkbox"/> Arts <input type="checkbox"/> Individual <input type="checkbox"/> Educational <input type="checkbox"/> Religious <input type="checkbox"/> Environmental <input type="checkbox"/> Science <input type="checkbox"/> Government <input type="checkbox"/> Sports <input type="checkbox"/> Human Services <input type="checkbox"/> Youth/Recreation <input type="checkbox"/> Other _____		Operating Budget: <input type="checkbox"/> \$0.00 - \$250,000 \$100 <input type="checkbox"/> \$250,001 - \$500,000 \$175 <input type="checkbox"/> \$500,001 - \$750,000 \$300 <input type="checkbox"/> \$750,001 - \$1,000,000 \$450 <input type="checkbox"/> \$1,000,001 - \$5,000,000 \$650 <input type="checkbox"/> \$5,000,001 - \$10,000,000 \$750 <input type="checkbox"/> \$10,000,001 + \$950
Name of person completing this form		Phone
Employees:		
CEO: _____	Title: _____	Direct Phone: _____
Fax: _____	Email: _____	
CFO: _____	Title: _____	Direct Phone: _____
Fax: _____	Email: _____	
HR: _____	Title: _____	Direct Phone: _____
Fax: _____	Email: _____	
Volunteer Coord.: _____	Title: _____	Direct Phone: _____
Fax: _____	Email: _____	
Fund Devel.: _____	Title: _____	Direct Phone: _____
Fax: _____	Email: _____	
Other: _____	Title: _____	Direct Phone: _____
Fax: _____	Email: _____	
Other: _____	Title: _____	Direct Phone: _____
Fax: _____	Email: _____	