

Membership Application

Office Use Only:

Date received: _____

Check No: _____

Agency ID#: _____

Entered by: _____

Organization Name: _____ Acronym: _____

Executive Director: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

www _____ E-mail: _____

Total Number of Employees: _____ Annual Budget \$ _____
(Agencies with 20 or more employees are good candidates for the Unemployment Trust)

Organization's Mission/Purpose: _____

Area Served: _____ State Funded (circle one): YES/NO

You can purchase your membership with a check or credit card!

Amount Due \$ _____

- Check coming, payable to CT Association of Nonprofits
- Credit Card—Please fill out the information below.

Credit Card Type:

- Visa Master Card Discover

Credit Card No. _____

Expiration Date _____

Cardholder Name _____

Signature _____

Please return the membership application to:

CT Nonprofits | 90 Brainard Rd, Suite 201 | Hartford, CT 06114

Dues Structure

Based on your Organization's Actual Operating Budget

Nonprofit Organizations That Do Not Receive State Funding (Per Year)

- | | DUES |
|---|---------|
| <input type="checkbox"/> Under \$500,000..... | \$215 |
| <input type="checkbox"/> \$500,001 – \$1,000,000..... | \$370 |
| <input type="checkbox"/> \$1,000,001 – 3,000,000..... | \$540 |
| <input type="checkbox"/> \$3,000,001 – \$5,000,000..... | \$805 |
| <input type="checkbox"/> \$5,000,001 – \$8,000,000..... | \$1,090 |
| <input type="checkbox"/> Over \$8,000,000..... | \$1,500 |

State Funded Nonprofit Organizations (Per Year)

- | | DUES |
|---|---------|
| <input type="checkbox"/> Under \$500,000..... | \$480 |
| <input type="checkbox"/> \$500,001 - \$1,000,000..... | \$905 |
| <input type="checkbox"/> \$1,000,001 - \$3,000,000..... | \$1,610 |
| <input type="checkbox"/> \$3,000,001 - \$5,000,000..... | \$2,390 |
| <input type="checkbox"/> \$5,000,001 - \$8,000,000..... | \$3,220 |
| <input type="checkbox"/> Over \$8,000,000..... | \$3,640 |



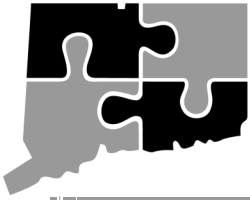
CONNECTICUT ASSOCIATION of NONPROFITS

...to serve, strengthen and support Connecticut's nonprofit community.

STATE Funded Organizations Only

(Please Check Primary Focus)

- Human and Social Services
- Children's and Youth Services / Juvenile Justice
- Community Justice
- Domestic Violence
- HIV/AIDS
- Housing, Shelter/Homelessness
- Developmental Disabilities
- Substance Abuse
- Mental Health
- Other _____



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Organization Description & Services Provided

Please check the box indicating your organization's primary focus

- Arts, Culture, and Humanities
- Civil Rights, Social Action, Advocacy
- Community Improvement, Capacity Building
- Crime, Legal Related
- Disease, Disorders, Medical Disciplines
- Educational Institutions and Related Activities
- Emergency Assistance
- Employment, Vocational Rehabilitation
- Environmental Quality, Protection, and Beautification
- Ethnic Centers and Services
- Food, Agriculture, and Nutrition
- Medical Research, Science and Technology
- Mental Health, Crisis Intervention
- Philanthropy, Voluntarism, and Grant- making Foundations
- Public Safety, Disaster Preparedness, and Relief
- Recreation, Sports, Leisure, Athletics
- Religion Related, Spiritual & Faith Based Organizations
- Science and Technology Research Institutes, Services
- Other _____

Becoming a member of CT Nonprofits offers many exclusive benefits and advantages to your nonprofit organization. Visit us on line at
www.ctnonprofits.org
 or call Mark Berardi at 860-525-5080 x14
 for more information!

Email Address Request

Please include the appropriate contact information for each person at you would like alerted for up to date information and announcements from CT Nonprofits.

Finance

Name _____

Email _____

Human Resources

Name _____

Email _____

Fundraising & Public Relations

Name _____

Email _____

Technology

Name _____

Email _____

Program staff

Name _____

Email _____

Division Specific Communications (for state-funded members)

Arts & Culture

Name _____

Email _____

Children

Name _____

Email _____

Community Justice

Name _____

Email _____

Developmental Disabilities

Name _____

Email _____

Juvenile Justice

Name _____

Email _____

Mental Health

Name _____

Email _____

Substance Abuse

Name _____

Email _____