



WASHINGTON NONPROFITS

We make sure nonprofits have what they need to succeed.

INVOICE

Washington Nonprofits 2019 Membership Dues

To join, please check appropriate box, fill out the form on the back, and submit payment via check or credit card. Or join online at: <http://washingtannonprofits.org/membership/join-renew/>. Dues are based on budgeted expenses for the organization.

Renew your membership by emailing membership@washingtannonprofits.org for your direct renewal link or by sending a completed form and check to the Washington Nonprofits office.

Membership Categories	Annual Dues	
Nonprofit Organizations (Operating budget last fiscal year)		
\$0 - \$50K	\$45	
\$50K - \$150K	\$90	
\$150K - \$500K	\$150	
\$500K - \$1M	\$300	
\$1M - \$3M	\$500	
\$3M - \$5M	\$750	
Over \$5M	\$1,000	
Foundations (Asset size as of last fiscal year)		
Less than \$1M	\$250	
\$1M - \$10M	\$500	
\$10M - \$50M	\$750	
\$50M - \$100M	\$1,000	
Over \$100M	\$1,250	
For-Profit or Government Allies (# of employees serving nonprofits)		
1-employee	\$50	
2 - 5 employees	\$100	
6 - 25 employees	\$250	
Over 25 employees	\$500	
Household Individual & Family		
One household	\$50	

Please contact us at membership@washingtannonprofits.org or (855) 299-2922 x102 with questions. Checks should be addressed to Washington Nonprofits.

Mail filled out form and check to:

Washington Nonprofits
1265 S Main St #206
Seattle, WA 98144



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Organization Information

Organization name	
Website	
Field of service	
Mission	
Primary reason for joining	
Nonprofit type (if relevant)	Federal: 501(c)_____ State: Nonprofit corporation / Charity / Trust / Other

Membership Contact Details

First name	Last name
Job title	
Work phone	Email
Street	
City	State/ Zip code

Organization leader

First name	Last name
Job title	
Work phone	Email

Financial contact

First name	Last name
Job title	
Work phone	Email

Payment information

Method: <input type="checkbox"/> Check <input type="checkbox"/> Charge my credit card: <input type="checkbox"/> Mastercard or <input type="checkbox"/> Visa		
Cardholder name		
Billing address		
City	State/ Zip	
Card #	Expiration date	CSV
Signature		