



501c3 NONPROFIT MEMBERSHIP

501(c)(3) NONPROFIT ORGANIZATIONS ONLY

Are you a...

- New member Renewing member

MEMBER INFO	Organization's legal name	_____	
	Assumed business name (acronym, etc)	Website	_____
	Mailing address	City / State / Zip	_____
	Primary phone	County	_____
	# of staff	# of volunteers	Fed. tax identification number (EIN)
	<input type="radio"/> I hereby certify that our organization is a registered 501(c)(3) nonprofit (if not a 501(c)(3) please fill out reverse side instead).		

C.E.O.	<i>(Executive Director or Board President)</i>	
	First, Last name	_____
	Formal title	_____
	Phone	_____
	Email	_____

ADMIN	<i>(Contact to receive membership renewal reminder emails)</i>	
	Administrative contact	_____
	Title	_____
	Phone	_____
	Email	_____

PRIMARY AREA OF SERVICE	<i>Please check ONE only</i>			
	<input type="radio"/> Arts, cultural & humanities	<input type="radio"/> Medical research	<input type="radio"/> Youth development	<input type="radio"/> International, foreign affairs & national security
	<input type="radio"/> Education	<input type="radio"/> Crime & legal-related	<input type="radio"/> Human services	<input type="radio"/> Community improvement & capacity building
	<input type="radio"/> Environment	<input type="radio"/> Employment	<input type="radio"/> Science & technology	<input type="radio"/> Philanthropy, volunteerism & grantmaking foundations
	<input type="radio"/> Animal-related	<input type="radio"/> Food, agriculture & nutrition	<input type="radio"/> Religion-related	<input type="radio"/> Other: _____
	<input type="radio"/> Health care	<input type="radio"/> Housing & shelter	<input type="radio"/> Social science	
	<input type="radio"/> Mental health & crisis intervention	<input type="radio"/> Recreation & sports	<input type="radio"/> Public & societal benefit	
	<input type="radio"/> Diseases, disorders & medical disciplines	<input type="radio"/> Public safety, disaster preparedness & relief	<input type="radio"/> Mutual & membership benefit	
			<input type="radio"/> Civil rights, social action & advocacy	

ANNUAL DUES	Based on your organization's budget size <i>(Found on your IRS Form 990)</i>	
	<input type="radio"/> Under \$50,000 \$35	<input type="radio"/> \$500,001-\$1,000,000 \$225
	<input type="radio"/> \$50,001-\$100,000 \$75	<input type="radio"/> \$1,000,001-\$5,000,000 \$275
	<input type="radio"/> \$100,001-\$250,000 \$125	<input type="radio"/> Over \$5,000,000 \$400
	<input type="radio"/> \$250,001-\$500,000 \$175	

Mail this form along with payment to:

Nonprofit Association of Oregon
5100 SW Macadam Avenue, Suite 360
Portland, OR 97239

You may also fax your application to 503-236-8313
Payment can also be made online at www.NonprofitOregon.org

PAYMENT	<input type="radio"/> Credit card	<input type="radio"/> Check enclosed, check #	<input type="radio"/> Other:
	<i>To process credit card transactions, please fill out information below:</i>		
	Name as it appears on card	_____	
	Card number	CVV code	Expiration date
	Signature	_____	

Membership with NAO is valid for 12 months. By becoming a member of NAO you are automatically opted into our newsletter, public policy alerts, and member's only announcements. You can always opt out of our communications by changing your email preferences.

If you have any questions email membership@nonprofitoregon.org