



Individual Membership Application Form

MEMBER INFORMATION			
Name:			
Mailing Address:	City:	State:	Zip:
Phone Number:			
Occupation:			
Reason for Membership:			
GEOGRAPHIC REGION(S) YOU ARE INTERESTED IN			
<input type="radio"/> Pittsylvania County	<input type="radio"/> Danville City	<input type="radio"/> Caswell County	Other:
ANNUAL MEMBERSHIP DUES			
Please refer to the information on our website at https://danrivernonprofits.org/join/ to view benefit information. Individual Memberships will receive the same benefits listed minus the organizational specific services of consultation and facilitation and will only receive free entry or reduced rates for one person. Your annual membership dues will be \$25/year. Membership will be active for 12 months from the date that dues are received at which point it will renew automatically pending payment unless you request to cancel your membership.			
PAYMENT INFORMATION			
Make checks payable to: Dan River Nonprofit Network. Complete this form & mail it with your dues, or submit it in person to our office, at: ATTN: Nonprofit Network, 126 Sutherlin Ave., Danville, VA 24541			
QUESTIONS			
Call 434-285-2100 ext. 702 or email kellie@danrivernonprofits.org			

(Office Use) Date Received: _____

Renewal Date: _____