



Membership Application Form
for 501c3 nonprofit organizations

MEMBER INFORMATION			
Organization Name:			
Mailing Address:	City:	State:	Zip:
Street Address (<i>if different</i>):	City:	State:	Zip:
Website:	Phone Number:		
Does your nonprofit have a Facebook page (Y/N):			
# of full-time employees (35+ <i>hours/week</i>):		# of part-time or seasonal employees:	
# of volunteers:			
Year Incorporated:		Federal EIN:	
Mission:			
CONTACT PERSON			
First Name:		Last Name:	
Position/Title:		Email:	
EXECUTIVE DIRECTOR/CEO (<i>if different from above</i>)			
First Name:		Last Name:	
Position/Title:		Email:	
GEOGRAPHIC REGION SERVED			
<input type="radio"/> Pittsylvania County <input type="radio"/> Danville City <input type="radio"/> Caswell County Other: _____			
ANNUAL MEMBERSHIP DUES			
Please refer to the information below to determine your annual membership dues. Annual budget should be based on your most recently completed fiscal year. Membership will be active for 12 months from the date that dues are received. Check the appropriate box.			
Annual Budget	Annual Dues	Annual Budget	Annual Dues
<input type="checkbox"/> \$0 - \$50,000	\$50	<input type="checkbox"/> \$100,001 – \$250,000	\$150
<input type="checkbox"/> \$50,001 – \$75,000	\$75	<input type="checkbox"/> \$250,001 – \$500,000	\$200
<input type="checkbox"/> \$75,001 - \$100,000	\$100	<input type="checkbox"/> \$500,001+	\$300
PAYMENT INFORMATION			
Make checks payable to: Dan River Nonprofit Network. Complete this form and 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: _____