



## MEMBERSHIP APPLICATION

<b>Agency Contact Information</b>	
Date of Application	
Agency Name	
Street Address	
City, State, Zip	
Phone	
Fax	
Website	
<b>TOTAL AGENCY EXPENSES LAST CALENDAR YEAR (Line 18 of 990) REQUIRED:</b>	
Mission Statement	
<b>Executive Director/CEO Representative*</b> *Only CEO/ED may represent organization	
Name	
Title	
Work Phone	
Cell Phone	
Email Address	
<b>Annual Membership Fee – <u>Amount owed based on expenses as listed on Line 18 of your most recent 990</u></b>	
<input type="checkbox"/> \$200 - \$1 Million or less <input type="checkbox"/> \$300 - \$4 Million or less <input type="checkbox"/> \$400 - \$7 Million or less <input type="checkbox"/> \$500 - \$10 Million or less <input type="checkbox"/> \$600 - Over \$10 Million	
<b>Signature</b>	
Name (printed)	
Title	
Signature	
Date	

SEND COMPLETED APPLICATION TO [npcpbc@gmail.com](mailto:npcpbc@gmail.com)