

Nonprofit Membership Application

You can also join online. Visit gcn.org/membership to complete our convenient online application.

Organization Name _____

Referred by _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____ Website _____

Year Founded _____ IRS Designation 501 (c) (_____) _____

Type of Nonprofit (focus area) _____ Staff Composition: _____ #full-time _____ #part-time

Federal Employer ID # _____ Month fiscal year begins _____

Executive Director/CEO _____ Email _____

Primary Contact (Your GCN Membership Administrator)

Name _____ Title _____ Email _____

List of staff, board members, and key volunteers: (Attach additional sheets, if needed, or email them to us at membership@gcn.org)

Name _____ Title _____ Email _____

Your Total Annual Expenses \$ _____ Amount Enclosed \$ _____

Check enclosed payable to: Georgia Center for Nonprofits

Charge my: Visa MasterCard American Express

Card No. _____

CVV Code _____ Exp. date _____

Name on Card _____

Billing Address _____

Authorized Amount \$ _____

Signature _____

ANNUAL DUES

Total Annual Expenses*	Dues Level
\$99,999 & Under	\$138
\$100,000 to 299,999	\$275
\$300,000 to 499,999	\$330
\$500,000 to 699,999	\$385
\$700,000 to 999,999	\$440
\$1,000,000 to 2,999,999	\$495
\$3,000,000 to 4,999,999	\$605
\$5,000,000 to 7,999,999	\$715
\$8,000,000 to 9,999,999	\$880
\$10,000,000 & Over	\$1,045

*refers to total expenses as reported on IRS forms 990 and 990-EZ

Questions? Please contact us at membership@gcn.org or call us at 678-916-3080, and we'll be glad to help.

Georgia Center for Nonprofits

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membership@gcn.org | 678-916-3080 | gcn.org/membership