

**Nonprofit Center of Milwaukee, Inc.  
2008 Agency Roster**

To provide quality services to our members, please fill in the information below.

**Please mail the completed form, membership check, and renewal invoice to the Nonprofit Center of Milwaukee.**

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

Website: \_\_\_\_\_ Would you like to be linked to our websites? \_\_\_\_\_

**Check the UC column to indicate staff members who should receive the Newsletter/Training Calendar.**

UC	Title	Name	Phone	Email
	Executive Director			
	Board President			
	Volunteer Manager			
	Development Director			
	Accounting Manager			
	Marketing Director			
	HR Manager			
	IT or Data Manager			

Year of Incorporation \_\_\_\_\_ Annual Budget: \_\_\_\_\_

Federal Exempt Tax ID # \_\_\_\_\_ State Certificate of Exempt Status # \_\_\_\_\_

**Please indicate what category of membership you are applying for:**

Member \_\_\_\_ Branch Member \_\_\_\_ Champion Member 501(c)(3) \_\_\_\_ Associate Member \_\_\_\_

**To assist us in placing your agency in a category, please check one description that best fits your mission:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Advocacy & Public Education              | <input type="checkbox"/> Foundation/Philanthropy | <input type="checkbox"/> Neighborhood/Community Development  |
| <input type="checkbox"/> Alcohol & Drug Abuse Prevention/Services | <input type="checkbox"/> Government              | <input type="checkbox"/> Professional/Membership Association |
| <input type="checkbox"/> Arts                                     | <input type="checkbox"/> Health Services         | <input type="checkbox"/> Public Affairs                      |
| <input type="checkbox"/> Children's Services                      | <input type="checkbox"/> Health Education        | <input type="checkbox"/> Religious                           |
| <input type="checkbox"/> Counseling & Intervention                | <input type="checkbox"/> Historic Preservation   | <input type="checkbox"/> Research                            |
| <input type="checkbox"/> Economic Development                     | <input type="checkbox"/> Housing                 | <input type="checkbox"/> Social Services                     |
| <input type="checkbox"/> Education/School                         | <input type="checkbox"/> Humane Society          | <input type="checkbox"/> Sports/Recreation                   |
| <input type="checkbox"/> Elderly                                  | <input type="checkbox"/> Hunger & Homelessness   | <input type="checkbox"/> Youth & Family Services             |
| <input type="checkbox"/> Emergency Services                       | <input type="checkbox"/> Job Training            |  |
| <input type="checkbox"/> Environmental                            | <input type="checkbox"/> Legal                   |  |
|   | <input type="checkbox"/> Mental Health           |  |

**For NPC Office Use**

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

L \_\_\_\_ R \_\_\_\_ M \_\_\_\_ File \_\_\_\_

## 2008 Membership Invoice

January – December, 2008

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Please indicate your membership category

\_\_\_ **Member 501(c)(3)** – Incorporated Nonprofit Organization with federal and state tax-exempt status

\_\_\_ **Branch Member** – Satellite office of regular member

\_\_\_ **Champion Member 501(c)(3)** – Receives over \$1,600 worth of services for the \$1,000 fee.

\_\_\_ **Associate Member** – Consultants, Training Faculty and Friends

### Nonprofit Center Membership is based on budget size

<u>Annual Membership Fee</u>	<u>For Agency Budget</u>
\$175.00	Less than \$600,000
\$250.00	\$600,000 to \$5,000,000
\$350.00*	Greater than \$5,000,000
\$1,000.00*	Champion Member any budget size

### Branch Membership

If you would like to receive mailings and list volunteer opportunities at your branch locations, please add an additional \$40 per branch and complete a separate Agency Roster Update form for each additional branch.

\*Up to four branch memberships are allowed in the \$350 membership fee.

### Agencies outside of Milwaukee County

If you are a member of your local Volunteer Center, you may join the Nonprofit Center at the \$175.00 rate.

### 2008 Jobs That Serve 12-Month Subscription - \$175.00

As a member of the Nonprofit Center of Milwaukee, you are entitled to a 12-month subscription of unlimited job postings on [www.jobsthatserve.com](http://www.jobsthatserve.com) for an additional \$175.

### 2008 Payment

Annual Agency Membership Fee	\$ _____
Branch Membership for _____ Locations	\$ _____
Jobs That Serve 12-Month Subscription	\$ _____
TOTAL Enclosed	\$ _____

### Please make payment payable and mail to:

Nonprofit Center of Milwaukee  
2819 W. Highland Blvd.  
Milwaukee, WI 53208

Please include your agency roster with your payment. Thank you.