



Wyoming Nonprofit Network

Affiliate Membership Application Form

MEMBER INFORMATION			
Contact/Individual Name:			
Mailing Address:	City:	State:	Zip:
Street Address (<i>if different</i>):	City:	State:	Zip:
Contact Email:	Phone Number:		
ADDITIONAL INFORMATION (<i>for businesses, government, or other exempt entities</i>)			
Organization Name (<i>if applicable</i>):			
CEO/Director: (<i>If different than contact name</i>)	Position/Title:		
Business/Organization Website:			
ANNUAL MEMBER DUES			
Please refer to the following schedule to determine your annual membership dues. Membership will be active for 12 months from the date that dues are received. See Affiliate Membership Benefits document for benefits information specific to each category. Check the appropriate box below.			
Annual Budget	Annual Affiliate Membership Dues 2015		
<input type="checkbox"/> Individual	\$25		
<input type="checkbox"/> Other tax exempt	\$100	<i>Please complete:</i> Subsection IRS 501(c): _____	
<input type="checkbox"/> Government	\$100		
<input type="checkbox"/> Business: 1-25 employees	\$100		
<input type="checkbox"/> Business: 26+ employees	\$200		
Section for businesses, government or other exempt entities:			
<input type="checkbox"/> GrantStation: Check here if you would like to purchase subscription; \$75 (annual). Add to payment.			
<input type="checkbox"/> Facebook: Do you have an organization or company page on Facebook? If yes, please check box.			
PAYMENT INFORMATION			
Make checks payable to: Wyoming Nonprofit Network . Complete this form and mail with it with your dues payment to: Wyoming Nonprofit Network 1401 Airport Parkway, Suite 300 Cheyenne, WY 82001			

Questions: Call 307-772-9148 or email info@wynonprofit.org

Thank you for supporting the Wyoming Nonprofit Network!