



Nonprofit Membership Application **Date:** _____

Organization Info

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____ Phone: _____

Mission: _____

What year did you form? _____ What is your tax exempt status? _____

Number of Paid Staff: _____ Number of people you serve annually? _____

Number of Volunteer Staff: _____ What is our annual budget? _____

How did you hear about us? Email Website Nonprofit Business Friend
 Wash Post Workshop Meeting Event Facebook Other _____

Contact Person

First Name: _____ Last Name: _____

Title: _____ Phone: _____

Email Address: _____

Membership Dues Level	Basic	Gold	Platinum	<input checked="" type="checkbox"/> Level	How Paid
Budget under \$100,000	\$99	\$150	\$300		
Budget \$100,001 - \$250,000	\$199	\$299	\$499		
Budget \$250,001 - \$500,000	\$300	\$450	\$600		
Budget \$500,001 - \$1,000,000	\$500	\$750	\$900		
Budget \$1,000,001 - \$3,000,000	\$1,000	\$1,500	\$2,000		

Make checks payable to: People for Change Coalition, Inc. 9500 Arena Drive, Suite 460, Largo, MD 20774

Committees - Please check the Committee(s) you would like to serve on:

Membership Housing Environment Health Re-entry/Public Safety Youth