



UNA MEMBERSHIP APPLICATION

Organization/Individual: _____

Executive Director/CEO: _____

Contact (if different from above): _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email address: _____ Website: _____

Would you like to be added to UNA's email listserve? Yes No

What is your organization's purpose? _____

How did you hear about UNA? _____

MEMBERSHIP CATEGORY (check ONE)

501(c)(3) Organization

*Annual operating expenses

	Dues
<input type="checkbox"/> Under \$25,000	\$50.00
<input type="checkbox"/> \$25,000-\$49,999	\$90.00
<input type="checkbox"/> \$50,000 - \$199,999	\$120.00
<input type="checkbox"/> \$200,000 - \$499,999	\$180.00
<input type="checkbox"/> \$500,000 - \$999,999	\$240.00
<input type="checkbox"/> \$1,000,000 - \$4,999,999	\$360.00
<input type="checkbox"/> \$5,000,000 +	\$480.00

**Dues are based on your annual operating expenses. Use line 17 (Total Expenses) on your latest Form 990 or line 24(a) on your latest 990-PF if you are a private foundation.*

Associate Membership (for individuals or businesses *not affiliated with a nonprofit organization*, note that individual members cannot promote their business activities to UNA members.)

- Individual Member (**cannot be an employee of a 501(c)(3)**) \$50.00
- Student Member – **indicate School/graduation date:** _____ \$35.00
- Small Business (for-profit) Member (9 employees or less) \$150.00
- Corporate Member (for-profit) (10 or more employees) \$250.00

- Corporate and Foundation Sponsor (indicate level)
 \$1,000.00– Bronze
 \$2,000.00– Silver
 \$5,000.00– Gold

CHOOSE PAYMENT METHOD:

- Make your check payable to Utah Nonprofits Association
- Please charge (check one): AMEX MasterCard VISA

Account #: _____ Exp. Date: _____

Signature: _____

(please print name)

Mail application form and payment to:

**Utah Nonprofits Association
175 S. Main Street, Suite 1210
Salt Lake City, UT 84111**

Tel. (801) 596-1800

www.utahnprofits.org

Fax. (801) 596-1806