

* indicates a required field

INDIVIDUAL CONTACT INFO

Name* _____
 Title* _____ Phone* _____
 Email* _____
 2nd Contact Name _____ Title _____
 Email _____ Phone _____

ORGANIZATION INFO

Organization* _____
 Address* _____ City* _____ Zip* _____
 Phone* _____ Sector* (e.g. Arts) _____
 Website* _____
 Budget* _____ Federal EIN _____

How did you hear about CalNonprofits?*

- Blue Avocado
- CalNonprofits Insurance Services (CNIS)
- Events (webinars or in-person)
- Internet search (Google, Bing, Yahoo)
- Nonprofit Insurance Alliance of California (NIAC)
- Personal referral/ word of mouth
- Social media
- Other _____

Why did you decide to join today?*

- Get insurance
- Access discounts and other member perks
- Engage in advocacy
- It's the "right thing to do"
- Feel more connected to the nonprofit sector
- Enjoy member-rate discounts for events
- Other _____

PAYMENT INFO

Check enclosed for \$ _____
Credit Card: Visa Mastercard AMEX
 Name _____
 # _____
 Exp. _____
 Billing Address _____
 City _____ State _____ Zip _____
 I authorize CalNonprofits to charge
 \$ _____ to this card.
 Signature _____

MEMBERSHIP LEVELS

Above & Beyond Sector Sustainer!

Diamond	\$10,000
Gold	\$5,000
Silver	\$2,500
Bronze	\$1,500

Nonprofit Member (by budget)

Less than \$74K	\$75
\$75K - \$250K	\$125
\$251K - \$1M	\$225
\$1.1M - \$4.9M	\$450
\$5M - \$9.91M	\$750
\$10M+	\$950

Associate Member

Individual	\$250
Small Business	\$250
Student/Retired	\$55

Foundation Member (CA giving last year)

Less than \$250K	\$500
\$250K - \$1M	\$1,000
\$1M - \$15M	\$2,500
Over \$15M	\$5,000

Please return this form by email to membership@calnonprofits.org or mail it to
 PO Box 1610
 Capitola CA 95010