

yes! I want to strengthen
the voice of nonprofits
in California!

INDIVIDUAL
CONTACT
INFO

Name: _____

Title: _____ Phone: _____

Email: _____

2nd Contact Name: _____ Title: _____

Email: _____ Phone: _____

ORG
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 (CIS)
- CalNonprofits Staff
- Direct Mail
- Event (webinar or in-person)
- Internet search (Google, Bing, Yahoo)
- NIAC (Nonprofit Insurance Alliance of California)
- Personal referral/Word of Mouth
- Other: _____

Why did you decide to join *today*?

- Get insurance
- Get discounts and other member perks
- Engage in advocacy
- It's the "right thing to do"
- Feel more connected to the nonprofit sector
- Pay discounted "Member rate" for event

Other: _____

PAYMENT
INFO

Check enclosed for \$ _____

Credit Card: Visa / Mastercard / AmEx

Name _____

Exp. _____ Security code _____

Billing Address _____

City _____ State _____ Zip _____

I authorize CalNonprofits to charge \$ _____ to this card.

Signature _____

Above & Beyond Sector Sustainer!

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

Nonprofit Member (Budget)

Less than \$74K	\$75
\$75K - \$250K	\$125
\$251K - \$1M	\$225
\$1.1M - \$4.9M	\$450
\$5M - \$9.9M	\$750
\$10M +	\$950

Associate Member

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

Foundation Member (Giving in CA last year)

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

Please return this form by email, mail or fax to
Karina Paredes-Arzola, Program Associate

Email: Karinap@calnonprofits.org

FAX: (866) 731-1672

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Capitola, CA 95010