



**Return completed application to:
The Community Foundation of
Ocala/Marion County
324 SE 24th Street
Ocala, FL 34471**

Membership Application

Membership is open to any 501 (c) nonprofit operating in Marion County, Florida.

New Member Membership Renewal - Nonprofit Business: _____

The following information is used in establishing your nonprofit's computer database record. Please type or print clearly.

Primary Representative's Name: _____

Primary Representative's Title: _____

Secondary Representative(s) Name/Titles: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Email Address: _____

Secondary Email Address(s): _____

Phone: (____) _____ Website: _____

Nonprofit focus:

Arts & Culture

Education & Research

Animals & Environment

Health

Human Services

International

Public/ Society Benefit

Religious

Other: _____

Organizational Membership – See Table Below Open to all 501 (c) nonprofits. Please circle amount.

Nonprofit Annual Budget	Membership Fee Paid w/Check	Membership Fee Paid w/Credit Card
\$0-\$249,999	\$75.00	\$77.55
\$250,000-\$499,999	\$150.00	\$154.78
\$500,000 - \$999,999	\$250.00	\$257.76
\$1,000,000 and higher	\$500.00	\$515.20

Affiliate Membership - \$60 (\$62.04 if paid by credit card) For individuals who may volunteer for or have retired from a nonprofit organization but want to keep up to date on the latest information pertaining to nonprofits.

NonProfit Business Council membership runs for one year following the processing of your application and payment and is renewable annually to qualifying 501 (c) nonprofits. Membership is open to all nonprofits in Marion County, FL.

Payment

Check Check# _____ (Make Check Payable to: Community Foundation of Ocala Marion/NPBC)

Credit Card: Name on Card: _____ Exp. Date: _____ / _____

Visa MC Discover AMEX Card #: _____ Security Code: _____

Address where statement is received: _____ Zip Code: _____

I hereby apply for membership in the NonProfit Business Council. I certify that my interest in NPBC is genuine and believe this membership will enhance our nonprofit business, increase our level of professional development, and further solidify the Ocala/ Marion County community's voice for the nonprofit community. I pledge to work with the highest level of ethics and integrity. My nonprofit's payment (check/credit card) is included.

Applicant's Signature: _____ **Date:** _____