

Membership Application



Florida Association of Nonprofit Organizations

The Heart of the Florida Nonprofit Community

Please select one Organizational Classification

- Arts, Culture and Humanities
- Education
- Environment and Animals
- Health
- Human Services
- International, Foreign Affairs
- Public, Societal Benefit
- Mutual/Membership Benefit
- Religious/Faith-based
- Unknown, Unclassified (state type)
- For-Profit (state type of business)

Dues Structure

If annual expenses* are: Dues are:

Under \$50,000	\$50
\$50,000-\$199,000	\$100
\$200,000-\$499,000	\$250
\$500,000-\$999,000	\$500
\$1Million - \$1.9Million	\$600
\$2Million - \$3.9Million	\$800
Over \$4 Million	\$1,000

Associate Membership

Student	\$25
Consultant	\$100
Small Bs./ Gov't	\$250
Corporation	\$500
Sponsor	\$1,000
Underwriter	\$2,500
Benefactor	\$5,000
Angel	\$10,000

*Line 17 of IRS Form 990

WHAT FANO BENEFIT OPPORTUNITIES ARE YOU INTERESTED IN?

- Health Care Program
- Database Services
- On-Line Job Bank
- Conference Calling
- Dental Benefits
- Travel Discounts
- Conference and Networking Events
- Office Supply Discount
- Workshops and Training Opportunities
- Certificate in Nonprofit Management Series
- Commercial and Liability Insurance
- Unemployment Savings
- Employee Retirement Plans
- Advocacy Assistance
- Prospect Research

HOW DID YOU HEAR ABOUT FANO?

- Newsletter Website
- Referred by a FANO Member:
- Other _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Website address _____

CEO / Executive Director: _____ Email Address: _____

Board Chair/President: _____ Email Address: _____

Human Resources Contact: _____ Email Address: _____

Development Contact: _____ Email Address: _____

Public Policy Contact: _____ Email Address: _____

Organizational Mission Statement: _____

Federal ID Number: _____ Annual Expenses: \$ _____ No. of Employees: _____

Signature of Primary Contact: _____ Date _____

METHOD OF PAYMENT (PLEASE CHECK)

Check or Money Order Enclosed for \$ _____ Please Bill My Credit Card: Type: _____

Cardholder Name _____ Signature _____

Card Number _____ Amount \$ _____ Exp. Date _____

We would like to join FANO and agree with the organizations purpose and objectives. We understand that: membership is open to IRS tax-exempt and non-exempt organizations. Dues cover a 12-month period from date paid. Participation in all FANO Services requires membership in the organization. This is an organizational membership with the CEO / Executive Director as the official representative to FANO unless otherwise noted on the application. By providing the signature, I consent to receive e-mail communications sent to my organization by or on behalf of FANO Benefits to the addresses listed on the application.

Please attach a copy of Page 1 of your organizations most recent Form 990. If no form is required by law, please attach a copy of your most recent income statement.

**Return completed form along with your dues payment to:
FANO, 7480 Fairway Drive, Suite #206, Miami Lakes, Florida 33014**