

Community Resource Connections

...Council of Nonprofits

MEMBERSHIP APPLICATION

1. Membership Status

- New Member
 Renewal

3. Type of Membership

- Individual or Family
 Nonprofit Agency
 Business
 Community Group
 Other: _____

*All Membership Types
Cost \$25 per year*

*One set of membership bene-
fits accompanies each mem-
bership purchased*

2. Electronic Communication

Would you like to be included in electronic notices of nonprofit activities?

- YES NO

If yes, please provide your e-mail address:

4. MCN membership Discount Coupon

- Yes, please send me my coupon for \$25 off of a Minnesota Council of Nonprofits (MCN) Membership
 No, do not send me the MCN coupon

5. Contact Information *(complete all that apply to you)*

Director's Name: _____

Organization Name (if applicable) _____

Mailing Address _____

Physical Site _____

Telephone Number _____ Mobile _____

E-mail _____ FAX # _____

Website _____

- Yes Please place my organization name on the CRC website as a member and create a link
Please list me as: _____

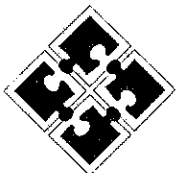
- No I would prefer not to be mentioned on the CRC website

Please enclose a check for \$25 made to Community Resource Connections and mail to:

Community Resource Connections
3124 Hannah Avenue NW
Bemidji, MN 56601
Attn: Ruth Sherman

Your membership in CRC will be effective March 1, 2012 through February 28, 2013.

Thank You for your support!



RECEIPT OF PURCHASE

Receipt of your membership purchase will be sent to you as a membership card.
Please keep a copy of your invoice for your records.