



NONPROFIT
MARKETERS
NETWORK - STL

Organizational Membership Application

Date _____
Primary Contact Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____ Website _____

Organizational Membership includes benefits for up to five staff members at your organization!

\$250 12-month Organizational Membership

Choose this option if you are a new Nonprofit Marketers Network member, or if you are up for renewal.

\$150 Upgrade my Individual Membership to Organizational Membership

Choose this option if you have an existing Individual Membership and you are upgrading before your renewal date. Please note that your original renewal date will stay the same.

Payment Information

_____ Check enclosed payable to Nonprofit Marketers Network
_____ Charge my credit card (check one) MasterCard Visa American Express Discover
Card number _____ Exp. Date _____
Name on card _____
Billing address _____

Please list additional staff on page two of this form.

What do you hope to gain from your Nonprofit Marketers Network membership? _____

Please follow Nonprofit Marketers Network on Facebook, Twitter and LinkedIn. How may we find your organization on these sites?

- Facebook: _____
- Twitter: _____
- LinkedIn: _____

Mail Membership Application with payment to:

Nonprofit Marketers Network | 8050 Watson Road, Suite 240 | St. Louis, MO 63119

Or Call to Join:

Contact Nonprofit Marketers Network: 314-384-1098 | admin@npmarketers-stl.org

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Please list up to four additional staff members you would like to receive Nonprofit Marketers Network membership benefits.

Name _____ Title _____

Email _____

Phone _____ Fax _____

Check if address is same as primary contact.

Address _____

City _____ State _____ Zip _____

Name _____ Title _____

Email _____

Phone _____ Fax _____

Check if address is same as primary contact.

Address _____

City _____ State _____ Zip _____

Name _____ Title _____

Email _____

Phone _____ Fax _____

Check if address is same as primary contact.

Address _____

City _____ State _____ Zip _____

Name _____ Title _____

Email _____

Phone _____ Fax _____

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