



NONPROFIT MEMBERSHIP APPLICATION

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Contact Name: _____ Ext. _____

Executive Director: _____

Director of Volunteers: _____

The cost of agency membership is based on an organization's annual operating budget: Up to \$24K....\$100; \$25K - \$999K....\$200; and 1M and over....\$300

Method of Payment

Check Number: _____ Visa MasterCard

Card Number: _____

Expiration Date: _____ Payment Amount: _____

Name as it appears on the card: _____

Signature: _____

Please remit payment with a list of your
Board of Directors and proof of your nonprofit status to:

Volunteer Jacksonville
Nonprofit Agency Membership
6817 Southpoint Parkway~ Suite 1902~Jacksonville, Fl. 32216
Phone: (904) 332-6767 Fax: (904) 332-6722

For additional information

Contact: Nancy Knight~ (904) [332-6767](tel:9043326767)~nancy@volunteerjacksonville.org
or visit our website at www.volunteerjacksonville.org