

2011/2012 MEMBERSHIP APPLICATION

NONPROFIT



Join or renew your membership online at
www.centreonphilanthropy.org *credit/debit card required

New Applicant

Renewal

Organisation Details

Organisation Name: _____

Executive Director Contact

Mr./Mrs./Ms./Miss (circle one) Name: _____ Title: _____

Email: _____ Telephone #: _____ W _____ C _____

Administrative Coordinator Contact for Centre membership communication purposes (if different from above)

Mr./Mrs./Ms./Miss (circle one) Name: _____ Title: _____

Email: _____ Telephone #: _____ W _____ C _____

Organisation Address and Contact Details

Mailing Address: _____

Parish: _____ Postal Code: _____

Street Address: _____

Parish: _____ Postal Code: _____

Main Telephone #: _____ Main Fax #: _____

Web Site: _____

Please tell us a little about your organisation. This data will help us to develop better services for our members.

Number of Full Time Paid Staff Number of Part Time Staff

Number of Board Members Number of Volunteers (excluding Board Members)

Please let us know your organisation's total annual expense budget.

Less than \$5,000 \$5,000—\$25,000 \$25,000—\$250,000 \$250,000—\$500,000

\$500,000—\$1 m \$1 m or greater NOT SURE

Do you have a scholarship? Would you like more information on www.bermudascholarships.com?

Would you like to learn about the **Nonprofits Benefits Alliance**?

Would you like to learn about the **CellOne Nonprofit Mobile Plan**?

Is your Nonprofit Directory profile on The Centre's website? If not Donors cannot properly research your organization. Contact us to confirm your username or for assistance updating your profile.

2011/2012 Membership Application—Nonprofit

Nonprofit Membership Fees

Select your membership fees based on your Annual Budget

Annual Expense Budget up to \$250,000 \$100

Annual Expense Budget more than \$250,000 \$200

I / We would like to commit to membership for: 1 year 2 years 3 years

Payment

Cheque

Bank Transfer * The Centre is listed on the Butterfield Direct payee list. If you have access to this system, transfers can be made there. If not, please call The Centre to get bank transfer instructions. Please ensure that the name of the organization appears on statement comment line.

Credit Card * If you would like to pay by credit card please visit The Centre's website or contact The Centre and a Credit Card Payment Form can be emailed or faxed to you.

Agreement **Membership valid through June 30, 2012**

Authorized by (Print Name): _____

Signature: _____ Date: _____

Title: _____

All members and sponsors are listed in The Centre on Philanthropy Annual Report and on The Centre's web site.

How would you like to be listed: _____

Tick here if you wish to remain anonymous

Please return to: The Centre on Philanthropy, P.O. Box HM 3217, Hamilton HM NX, Bermuda

Or fax to: 441-236-7693

Or email to: sally@centreonphilanthropy.org

We appreciate your support of The Centre on Philanthropy. Your membership helps us to ensure a more effective and efficient Third Sector in Bermuda. Please call 441-236-7706 with any questions.