



MEMBERSHIP APPLICATION

Agency Contact Information	
Date of Application	
Agency Name	
Street Address	
City, State, Zip	
Phone	
Fax	
Website	
Mission Statement	
Executive Director/CEO Representative* *Only CEO/ED may represent organization	
Name	
Title	
Work Phone	
Cell Phone	
Email Address	
<p>Annual Membership Fee - \$200</p> <p>NOTE: Scholarships available for first year's membership for nonprofits with budgets of \$100,000 or less. Please send most recent 990 with scholarship request.</p> <p>Send payment or scholarship request to: Nonprofit Chamber, 4630 Catamaran Circle, Boynton Beach, FL 33436.</p> <p>MAKE CHECKS PAYABLE TO NONPROFIT CHAMBER OF PALM BEACH COUNTY.</p>	
Signature	
Name (printed)	
Title	
Signature	
Date	