

Membership Application



PLEASE FILL OUT BOTH PAGES

Part 1

ORGANIZATION NAME	PROGRAM NAME (IF APPLICABLE)	DATE OF APPLICATION (D/M/Y)
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NAME OF REPRESENTATIVE	POSITION / TITLE
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STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
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P.O. BOX	PHONE NUMBER	FAX NUMBER
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E-MAIL ADDRESS	WEB ADDRESS
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NAME OF EXECUTIVE DIRECTOR/PRESIDENT	TITLE	E-MAIL ADDRESS
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IF EXECUTIVE DIRECTOR/PRESIDENT IS NOT THE PRIMARY CONTACT DOES S/HE WISH TO RECEIVE REGULAR MAILINGS, INCLUDING NEWSLETTER?

YES NO

If "no" we will send only mailings that are very specific to Executive Directors.

NAME OF BOARD CHAIR	TITLE	E-MAIL ADDRESS
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WOULD YOUR BOARD CHAIR WISH TO RECEIVE REGULAR MAILINGS, INCLUDING NEWSLETTER?

YES NO

If "No" we will send only mailings that are very specific to Boards of Directors.

PLEASE LIST ONE ADDITIONAL CONTACT IN YOUR ORGANIZATION WHO WISHES TO BE ON OUR MAILING LIST (OPTIONAL):

NAME	POSITION / TITLE	E-MAIL ADDRESS
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YEAR ESTABLISHED	SECTOR DESIGNATION <input type="checkbox"/> PUBLIC <input type="checkbox"/> NONPROFIT	NUMBER OF STAFF	NUMBER OF VOLUNTEERS
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SUB-SECTOR (PLEASE CHECK ALL THAT APPLY)

- | | | |
|---|--|---|
| <input type="checkbox"/> ARTS & CULTURE | <input type="checkbox"/> HEALTH | <input type="checkbox"/> RELIGION |
| <input type="checkbox"/> BUSINESS & PROFESSIONAL ASSOCIATIONS, UNIONS | <input type="checkbox"/> INTERNATIONAL / MULTICULTURALISM | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> DEVELOPMENT, HOUSING & EMPLOYMENT | <input type="checkbox"/> LAW, ADVOCACY & POLITICS | <input type="checkbox"/> SPORTS & RECREATION |
| <input type="checkbox"/> EDUCATION & RESEARCH | <input type="checkbox"/> PHILANTHROPIC INTERMEDIARIES & VOLUNTEERISM PROMOTION | <input type="checkbox"/> OTHER (PLEASE SPECIFY) |
| <input type="checkbox"/> ENVIRONMENT | | |

PLEASE GIVE US A BRIEF DESCRIPTION OF THE ACTIVITIES YOUR ORGANIZATION OR PROGRAM PERFORMS:

Part 2

Member Benefits

PLEASE TELL US WHICH OF OUR FOLLOWING MEMBERSHIP BENEFITS ARE OF MOST INTEREST TO YOUR ORGANIZATION OR PROGRAM.
 (Check all that apply)

- Exclusive member discounts and savings—e.g., 10% discount on Continuing Studies at Western courses, workshop fee reductions
- Post volunteer opportunities on www.pillarnonprofit.ca
- Bi-weekly e-newsletter
- Nonprofit Library Network (in Pillar's office)
- Online access to Imagine Canada's Canadian Directory of Foundations and Corporations
- Tools and resources for more equitable and effective nonprofits
- Access to local and national nonprofit sector research
- Workshops and professional development
- Networking opportunities
- Share and learn best practices for the nonprofit sector
- Participation in focus groups, committees and surveys that address issues affecting the nonprofit sector
- Voice for the nonprofit sector
- Advocacy at a policy level
- Raise the profile of the nonprofit sector
- Cross-sector collaboration—nonprofit, government, business
- Vote at General Member meetings

HOW DID YOU HEAR ABOUT PILLAR NONPROFIT NETWORK?

Fee Class & Method of Payment— Memberships are for the Calendar Year

MEMBERSHIP FEES ARE BASED UPON ORGANIZATIONAL OPERATING BUDGETS. PLEASE CHOOSE THE FEE STRUCTURE THAT IS APPLICABLE TO YOUR ORGANIZATION.

FEE CLASS	OPERATING BUDGET	ANNUAL FEE	TOTAL
B	LESS THAN \$100,000	\$50	\$
C	\$100,000–\$249,999	\$100	\$
D	\$250,000–\$499,999	\$150	\$
E	\$500,000–\$999,999	\$200	\$
F	\$1,000,000 OR MORE	\$300	\$
TOTAL FEE			\$

NOTE: EACH ORGANIZATION IS ALLOWED ONE VOTE AND TWO REPRESENTATIVES AT MEMBER MEETINGS.
 PLEASE MAKE CHEQUES PAYABLE TO "PILLAR NONPROFIT NETWORK"
 PILLAR NONPROFIT NETWORK DOES NOT SHARE INFORMATION WITH OTHER ORGANIZATIONS.

- I /we understand that the contact information of our organization will be posted on the internet at www.pillarnonprofit.ca if we choose to have a presence on the website.

Signed _____

- I / we understand that failure to comply with the professional obligations of Pillar Nonprofit Network, as outlined and as defined in Article 3.2 of the Pillar Constitution and By-Laws, can result in termination of my membership. If this application is accepted by the Board of Directors, I / we agree to pay an annual membership fee. Fees are non-refundable.

Signed _____