

Foundation Membership

Foundation Name _____

Contact Name _____

Title _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Website _____

Funding Mission _____

(Please include a current brochure or informational printed piece about your foundation.)

Other members of your foundation who would like to receive our newsletters and other information:

Name	Title	Address/Phone (if different)	Email Address

Please circle your Dues Amount:

Foundation Membership Dues	Option A: Foundation Assets	Option B: Grants Awarded Annually
\$150 (minimum)	Assets up to \$2M	Up to \$100K
\$300	Assets \$2M - 4M	\$100K - 200K
\$600	Assets \$4M - 8M	\$200K - 400K
\$900	Assets \$8M - 12M	\$400K - 600K
\$1200	Assets \$12 - 16M	\$600K - 800K
\$1500 (maximum)	Assets \$16M +	\$800K +

Please make checks payable to Center for Nonprofit Excellence
For additional information contact CNPE, 502-315-2673.