

Membership Application - Operating Nonprofit



Name of organization: _____

PRIMARY CONTACT TITLE EMAIL

EXECUTIVE DIRECTOR TITLE EMAIL

ADDRESS CITY ZIP CODE

PHONE WEBSITE

COUNTY

Organizational Information:

Type of Organization:

Nonprofit with 501(c)(3) status

501(c)(3) status pending

Other 501(c) status

Forefront Membership dues are based on your organization's yearly budget. Please check the appropriate box in the table below to calculate your Membership dues.

Annual Operating Budget

Annual Membership Dues

\$0 - 249,999

\$125

\$250,000 - 999,999

\$250

\$1 million - 2.9 million

\$500

\$3 million - 7.9 million

\$750

\$8 million - 19.9 million

\$1,100

\$20 million and above

\$1,600

What are your primary areas of work? Please choose no more than five.

Agriculture, fishing, & forestry

Human Services

Arts and Culture

International Relations

Community and Economic Development

Philanthropy

Education

Public Affairs

Environment

Public Safety

Health

Religion

Human Rights

Social Sciences

Sports and Recreation

STEM

The organization is located outside the metro-Chicago area of Cook, DuPage, Kane, Lake, and Will counties. (If so, a 50% discount on Membership dues applies).

Organization EIN: _____

Dues Payment:

A check in the amount of \$ _____, made payable to Forefront, is enclosed.

Please charge our credit card \$ _____.

Visa

Discover

CARD NUMBER

EXP. DATE

MasterCard

Amex

PRINT NAME ON CARD

SIGNATURE

We ask that Operating Nonprofit Members strive to adhere to Illinois Nonprofit Principles and Best Practices, posted at myforefront.org/best-practices/. Submission of this form affirms your willingness to do so.

Submit application and payment to Forefront, 208 S. LaSalle St., Suite 1540, Chicago, IL 60604, or email this completed PDF to

Staff and Board Contact Information

In order to ensure that Forefront is connected with your entire team, please provide the names, positions, and contact information of any staff or board members you would like to receive Forefront communications.

FULL NAME: _____

STAFF OR BOARD? _____ TITLE _____

EMAIL _____ PHONE _____

FULL NAME: _____

STAFF OR BOARD? _____ TITLE _____

EMAIL _____ PHONE _____

FULL NAME: _____

STAFF OR BOARD? _____ TITLE _____

EMAIL _____ PHONE _____

FULL NAME: _____

STAFF OR BOARD? _____ TITLE _____

EMAIL _____ PHONE _____

FULL NAME: _____

STAFF OR BOARD? _____ TITLE _____

EMAIL _____ PHONE _____

Thank you for sharing your staff, board, and/or trustee contact information. If personnel changes do occur, feel free to email info@myforefront.org to let us know so that we may best serve your new team members.