



Membership Application Form Nonprofit Member

Office Use Only: *Do not write in this space*

Date Received: _____
Date Approved: _____
Dues Received: _____
Payment Information: _____

The undersigned does hereby apply for membership in the Association of Partners for Public Lands, a California nonprofit corporation. The applying organization (1) is recognized by a public land management agency through a formal agreement as a nonprofit partner and (2) is recognized by the United States Internal Revenue Service as a tax-exempt organization.

CONTACT INFORMATION

Organization: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-mail: _____ Web site: _____
Primary Contact: _____ Title: _____

ABOUT YOUR ORGANIZATION

Please include the following with your completed application form:

1. Brief narrative about your organization
2. List of agency(ies) or public lands you work with
3. Income base and average level of support to public lands
4. Number of members (if any)
5. Number of staff (if any)
6. General description of programs/activities
7. Verification of agreement(s) with public land management agency(ies)
8. Copy of your IRS tax-exempt designation

State of Incorporation: _____ Date of Incorporation: _____

Designated Representative: _____ Board Chair/Principal Staff: _____

Signature _____ Print name _____ Title _____ Date _____

All membership applications must be approved by the APPL Board of Directors. Members agree to abide by the bylaws of the Association of Partners for Public Lands.

MEMBERSHIP DUES

Annual dues are based upon gross unrestricted revenue (gross revenue less revenue earmarked for donor restricted projects or programs). Dues payments will be processed upon APPL Board approval of this application.

Total Gross Unrestricted Revenue	Annual Dues
Less than \$250,000	\$550
Less than \$500,000	\$820
Less than \$1,000,000	\$1,090
Less than \$1,500,000	\$1,630
Less than \$2,000,000	\$2,160
Less than \$3,000,000	\$3,230
Less than \$5,000,000	\$5,350
Greater than \$5,000,000	\$7,990

Method of Payment: Check # _____ (Payable to APPL) Visa MasterCard

Card # _____ Expiration Date _____

Name on Card _____ Signature _____

Please send this form to the address listed below. If you have any questions, please call 301.946.9475, or e-mail appl@appl.org.

APPL

2401 Blueridge Avenue, Suite 303

Wheaton, MD 20902

APPL is a 501(c)(3) not-for-profit organization. A copy of our current financial statement is available by contacting the APPL office at 301.946.9475 or appl@appl.org. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary for the cost of copying and postage.