



Membership Application/Renewal for 2019

Organization Name: _____

Executive Director/Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Membership Dues 1/1/19-12/31/19

Dues:

Organizations with budget less than \$100,000	50.00
Organizations with budgets between \$100,001 -500,000	100.00
Organizations with budgets over \$500,001	150.00

Organizations that cannot pay the full amount are requested to make a contribution as they see fit. Membership in the NPA is not based upon the ability to pay the full amount of the dues.

Please make checks payable to: **Greater Lowell Community Foundation**

Mail to:

**Non-Profit Alliance of Greater Lowell
c/o Greater Lowell Community Foundation
100 Merrimack Street, Ste. 202
Lowell, MA 01852**

Please let us know what subjects to cover at meetings:

The mission of the Non-Profit Alliance of Greater Lowell is to build collaboration that strengthens the influence and impact of community based organizations through sharing resources and advancing excellence in administration.