



Membership Application/Renewal

Organization Name: _____

Executive Director/Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Membership dues are valid for one year from date of payment

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.

To pay the NPA dues online, go through the Greater Lowell Community Foundation (Our Fiscal Sponsor):

https://glcf.fcsuite.com/erp/donate/create?funit_id=1511