



The Nonprofit Alliance
1319 F St. NW #402, Washington, DC 20004
membership@TNPA.org
www.TNPA.org

- To enroll online and pay via credit card visit www.TNPA.org •

Individual 12 Month Membership Enrollment

First Name: _____ Last Name: _____ Title: _____

Company Name: _____

Mailing Address: _____ City: _____

State/Prov.: _____ Zip / Postal Code: _____ Country: _____

Business Telephone: (_____) _____ Email: _____

Secondary Email (in the event we can no longer reach you via primary): _____

Individual Rates are discounted 20% in 2019!

INDIVIDUAL	Commercial	Discounted Price
Consultant/Freelancer/Independent	\$250	\$200
Young Professional (under 30)	\$150	\$120

I would like to join The Nonprofit Alliance. Included is a check for \$_____ to cover individual dues.

Date: _____ Signature _____

_____(please initial) As a member of The Nonprofit Alliance, I agree to abide by, uphold, and promote the letter and spirit of the *Code of Standards & Ethics*, a copy of which I received and reviewed as a condition of membership.

To review our Privacy Policy, please visit www.TNPA.org