

OrganizationName: _

Nonprofit Membership

Please make checks payable to "NH Center for Nonprofits" and mail with completed form to the address below.

| Primary Contact Person: | | Title: | |
|---|------------|---|--|
| Contact Information | | | 3 No. Spring St., Suite 101 Concord, NH 03301 |
| Email: | | | Phone: 603 225-1947 |
| Mailing Address: | | | www.nhnonprofits.org |
| City: | State:Zip: | | |
| Phone: | | | |
| Website: | | | |
| About the Organization | 1 | | |
| EIN: | | 501(c): 3 4 | 6 Other Not a 501(c) |
| CEO/Executive Director: | | Emaile | 0 0 0 |
| | | Email: | _ |
| Town, City or Region Served: | | # Full-time staff: | # Board Members: |
| | | # Part-time staff: | # Volunteers: |
| NTEE Code: | | | |
| To determine your organization's NTEE code, visit https://nccs.urban.org/nccs/resources/ntee/ How did you learn about the Center? | | | |
| | | (What is the 501(h) election? learn more at https://www.irs.gov/ charities-non-profits/measuring-lobbying-activity-expenditure-test) | |
| | | | |

| Annual Dues | Annual Revenue* | | | |
|-------------|--------------------|--|--|--|
| \$92 | Under \$25,000 | * Annual membership dues are based on your annual revenue. Please enter the number from line #12 of your most recently filed IRS Form 990 or line #9 from the IRS Form 990-EZ. | | |
| \$135 | <\$75,000 | | | |
| \$173 | <\$150,000 | | | |
| \$227 | <\$250,000 | | | |
| \$308 | <\$500,000 | | | |
| \$389 | <\$750,000 | If you do not file these forms, enter your annual gross revenue | | |
| \$470 | <1,000,000 | | | |
| \$605 | <\$2,500,000 | Annual Revenue: | | |
| \$740 | <\$5,000,000 | | | |
| \$875 | <\$10,000,000 | | | |
| \$1000 | Above \$10,000,000 | | | |

Please note: In the event a membership is canceled during the year for which dues have been paid, we cannot refund any portion of the dues paid for that period. Membership dues are subject to change. For current pricing, visit our website at www.nhnonprofits.org/membership