



Membership Application

Organization Name: _____

Executive Director/CEO _____	Add'l Staff Contact _____
Email _____	Staff Contact Title _____
Phone _____	Email _____
	Phone _____

Organization Address

Mailing address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____ Website Address _____

Street Address (if different than mailing) _____

City _____ State _____ Zip Code _____

Agency Services and Programs

Basic Center Street Outreach Transitional Living

Other(s): _____

Membership Type	Dues Amount	Membership Type	Dues Amount
Individuals – over age 21	\$60	Organizations – <i>Total Revenue line from 990</i>	
Individual – 21 and under	\$5	Up to \$499,999	\$350
Associates (Foundations, Gov't Agencies, etc.)	\$250	\$500,000 to \$999,999	\$500
Associations & Coalitions		1 Million to 1.49 Million	\$750
Under \$100,000	\$500	1.5 Million to 1.99 Million	\$1,000
\$100,000 and over	\$750	2 Million to 2.49 Million	\$1,250
		2.5 Million to 2.99 Million	\$1,350
		Over 3 Million	\$1,450

Payment Method

Check is enclosed (please circle Dues Amount above). Please make payable to: **National Network for Youth**

Payment by credit card (please circle Dues Amount above). The National Network accepts VISA, MasterCard and American Express. Please fill out the information below.

Name as it appears on the card: _____

Billing address for the credit card: _____

Signature: _____

Please check one: VISA MasterCard American Express

Card Number: _____ Card Expiration Date: _____ CVV#: _____

I/We agree to meet the Membership Criteria and support the Guiding Principles.

Name of Person Completing the Form: _____

Signature: _____ Date: _____

Submit this form, check or credit card information to:
National Network for Youth | 603 Stewart St, Ste 920 | Seattle, WA 98101