



✓ Yes! I would like to join Executive Alliance.

Please send your completed application with your dues in the enclosed envelope. Make your check out to Executive Alliance.

_____ Date

_____ Organization name

_____ First MI Last

_____ Title

_____ Mailing address

_____ City St Zip

_____ Telephone Fax

_____ Email

_____ Website

_____ Legislative District Congressional District
(find your districts at <http://dfind.leg.wa.gov/dfinder.cfm>)

_____ NAIC Code or SIC code

Service Area: mark all that apply
___ Human Services ___ Health/Housing ___ Education
___ Arts/Culture ___ Philanthropy ___ Environment/Animals
___ Intl/Foreign Affairs ___ Social Action/Advocacy ___ Other

Others at your organization who should receive email updates

Name & Title	Email Address

How did you learn about EA?
___ EA Staff ___ Website ___ Peer
___ Newspaper Story ___ Attended Event ___ Other

Membership Categories

Membership is for 12 months, beginning the month your membership is processed.

MEMBER

Nonprofit organizations and educational institutions located in the Puget Sound region. These members have full voting privileges.

SUPPORTING MEMBER

Any organization or individual engaged in a for-profit enterprise or a public agency. These members do not have voting privileges.

Annual dues are based on the organization's gross revenue for the preceding year.

MEMBER	
Total Revenue	Dues
Up to \$250,000	\$140
\$250,001 - 500,000	\$275
\$500,001 - \$1,500,000	\$550
\$1,500,001-\$3,000,000	\$825
\$3,000,001- \$5,000,000	\$1100
\$5,000,001 +	\$1650
SUPPORTING MEMBER	
Total Revenue	Dues
Up to 250,000	\$250
\$250,001 - \$500,000	\$500
\$500,001 - \$1,500,000	\$800
\$1,500,001-\$3,000,000	\$1200
\$3,000,001 \$5,000,000	\$1800
\$5,000,001 +	\$2500

INDIVIDUAL MEMBER

Any individual not engaged in a for-profit enterprise who supports the work of EA and the nonprofit sector. These members do not have voting privileges. \$75

I wish to join as a:
___ Member \$ _____
___ Supporting Member \$ _____
___ Individual \$ _____

Credit Card Information

_____ Name on Card Exp. Date
_____ Card Number

Committees: *Please select the committee you wish to join.*

- Annual Nonprofit Conference Fund Development
- Membership NP3
- Public Policy