



Membership Application Form

Affiliate Member

Affiliate membership (non-voting) in the Association of Partners for Public Lands is offered to any not-for-profit organization that supports public land agencies in ways other than through the sales of interpretive materials. The undersigned does hereby apply for Affiliate Membership (non-voting) in the Association of Partners for Public Lands, a California nonprofit corporation. The applying organization states that it (1) supports a public land management agency as a fundraising, or "friends of," or other specific focus group, (2) is recognized by a public land management agency through a formal agreement, (3) is recognized by the United States Internal Revenue Service as a tax-exempt organization, and (4) supports the public land management agency in ways exclusive of operating a sales outlet in that agency's facilities.

CONTACT INFORMATION

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____ Web site: _____

Primary Contact: _____ Title: _____

ABOUT YOUR ORGANIZATION

Please include the following with your completed application form:

1. Brief narrative about your organization
2. List of agency(ies) or public lands you work with
3. Income base and average level of support to public lands
4. Number of members (if any)
5. Number of staff (if any)
6. General description of programs/activities
7. Verification of agreement(s) with public land management agency(ies)
8. Copy of your IRS tax-exempt designation

State of Incorporation: _____ Date of Incorporation: _____

Designated Representative: _____ Board Chair/Principal Staff: _____

Signature Print name Title Date

All memberships must be approved by the APPL Board of Directors. Members agree to abide by the bylaws of the Association of Partners for Public Lands.

MEMBERSHIP DUES

Annual dues for APPL Affiliate Members are \$500. If you are a first-time member, your dues are reduced to \$250 for your first year of membership. Dues payments will be processed upon APPL Board approval of this application.

Method of Payment: Check # _____ (Payable to APPL) Visa MasterCard

Card # _____ Expiration Date _____

Name on Card _____ Signature _____

Please send this form to the address listed below. If you have any questions, please call 301.946.9475, or e-mail appl@appl.org.

APPL
2401 Blueridge Avenue, Suite 303
Wheaton, MD 20902

APPL is a 501(c)(3) not-for-profit organization. A copy of our current financial statement is available by contacting the APPL office at 301.946.9475 or appl@appl.org. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary for the cost of copying and postage.