



Membership Application Form

Full Member

The undersigned does hereby apply for full voting membership in the Association of Partners for Public Lands, a California nonprofit corporation. The applying organization (1) is recognized by a public land management agency through a formal agreement as a "cooperating association" or an "interpretive association," (2) is recognized by the United States Internal Revenue Service as a tax-exempt organization, and (3) operates a sales outlet in an agency facility providing interpretive materials to visitors to one or more of that agency's sites.

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 are based on your organization's gross receipts (all revenues generated from the most recently completed fiscal year). Dues payments will be processed upon APPL Board approval of this application.

Total Revenue	Annual Dues	Introductory Rate*
Less than \$250,000	\$500	\$250
Less than \$500,000	\$750	\$375
Less than \$1,000,000	\$1,000	\$500
Less than \$1,500,000	\$1,500	\$750
Less than \$2,000,000	\$2,000	\$1,000
Less than \$3,000,000	\$3,000	\$1,500
Less than \$5,000,000	\$5,000	\$2,500
Greater than \$5,000,000	\$7,500	\$3,750

*Introductory rate applies to first year of membership for organizations joining APPL for the first time.

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.