



Associate Member Application Form

Emerging Public Land Partner

Office Use Only: Do not write in this space

Date Received: _____
Date Approved: _____
Dues Received: _____
Payment Information: _____

The undersigned does hereby apply for Associate Membership in the Association of Partners for Public Lands, a California nonprofit corporation.

Documentation must be submitted with this application, reflecting application for 501(c)(3) status, along with a letter of support from a public lands agency stating its intent to work with the organization.

The benefits of this Associate Member category are the same as for Nonprofit Members, with the exception of voting privileges, for a period not to exceed two (2) years, based upon annual review.

(Organizations that have received both a nonprofit status determination letter and a signed agreement with a public land management agency should complete the Nonprofit Membership Application.)

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 with which you work
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

Incorporated? Yes No If yes, date & place of incorporation: _____

Form 1023 filed? Yes No If yes, month and year filed: _____

Designated Representative: _____ Board Chair/Principal Staff: _____

Signature _____ Print name _____ Title _____ Date _____

All membership applications 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

Dues will be set at \$250 until Nonprofit Membership status is achieved, at which time the Nonprofit Member dues structure will apply.

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.