



# Membership Application Form Nonprofit Member

**Office Use Only: Do not write in this space**

Date Received: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Dues Received: \_\_\_\_\_  
Payment Information: \_\_\_\_\_

The undersigned does hereby apply for 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 nonprofit partner and (2) is recognized by the United States Internal Revenue Service as a tax-exempt organization.

## 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 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

**Annual dues are based upon gross unrestricted revenue (gross revenue less revenue earmarked for donor restricted projects or programs).** Dues payments will be processed upon APPL Board approval of this application.

Total Gross Unrestricted 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](mailto: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](mailto: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.