



P.O. Box 503353
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(619) 886-5354 info@sandan.org

Affiliate Application/Renewal

Affiliate Members are Nonprofit Organizations with a tax-exempt 501(c)(3) classification with a vested interest in the San Diego region.

YES! I want to share the cost as an "Affiliate" of the San Diego Association of Nonprofits (SANDAN), a powerful voice for information and advocacy that works to advance nonprofit organizations in our community. Cost share levels are based on your organization's annual revenue, although you may join at a higher level. Annual contributions are for the period July 1st – June 30th.

COST SHARE AMOUNTS		
Your Annual Revenue	Dues	<input checked="" type="checkbox"/>
Under \$500,000	\$300	<input type="checkbox"/>
\$500,000 - \$1 Million.....	\$500	<input type="checkbox"/>
\$1 Million - \$2.5 Million.....	\$1,000	<input type="checkbox"/>
\$2.5 Million - \$5 Million.....	\$1,500	<input type="checkbox"/>
\$5 Million - \$10 Million.....	\$2,000	<input type="checkbox"/>
Over \$10 Million	\$2,500	<input type="checkbox"/>
Dues Enclosed \$ _____		

----- Complete all requested information below and on page 2 -----

Affiliate's Name: _____ **Tax Exempt ID#:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Main Phone: _____ **Fax:** _____ **Website:** _____

of Employees: _____ **# of People served:** _____ **Annual Revenue: \$** _____

501(c)(3) Subsector: Animals Arts Community Education Environment Faith-based
 Foundation Health Human Services Other _____

Accreditation / Certification, please list any your organization might hold: _____

Description for the Directory: _____

If you're a new member, how did you hear about us? SANDAN Website SANDAN Event Newspaper Email
 SANDAN Member _____ Other _____

Complete page 2 of this application for a main contact person and up to 3 staff members.

Mail your check, payable to **SANDAN**, and a completed application to the address above.

Your prompt payment ensures that SANDAN's work to represent the role of the nonprofit sector in advancing community well being continues. Thank you.

Affiliate's Name: _____

Note: User names and passwords to the Member's Only section of the SANDAN website will be issued only to your staff members whose email addresses are provided below.

Main Contact Name: _____

Position: _____

Address, if different: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Ext. _____ Fax: _____ Email: _____

Send SANDAN electronic bulletins, newsletters, announcements, etc. Yes No

Staff Member's Name: _____

Position: _____

Address, if different: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Ext. _____ Fax: _____ Email: _____

Send SANDAN electronic bulletins, newsletters, announcements, etc. Yes No

Staff Member's Name: _____

Position: _____

Address, if different: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Ext. _____ Fax: _____ Email: _____

Send SANDAN electronic bulletins, newsletters, announcements, etc. Yes No

Staff Member's Name: _____

Position: _____

Address, if different: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Ext. _____ Fax: _____ Email: _____

Send SANDAN electronic bulletins, newsletters, announcements, etc. Yes No

(May duplicate this page for additional staff)