



P.O. Box 503353
San Diego, CA 92150-3353
(619) 886-5354 info@sandan.org

Community Partner Application

Community Partners are For-Profit Businesses & Corporations, Government Agencies, Nonprofit Organizations (other than 501c3) and Individuals that support the mission and objectives of SANDAN and value the contributions of the nonprofit sector in the San Diego region.

YES! I want to contribute as a “Community Partner” of the San Diego Association of Nonprofits (SANDAN), a powerful voice for information and advocacy that works to advance nonprofit organizations in our community. Annual contributions are for the period July 1st – June 30th. Member benefits are based on your level of membership.

Community Partner Membership	
Corporate Partner	\$2,500
Supporting Partner	\$1,000
Individuals	\$150
Contribution (from schedule) \$	_____
Amount Enclosed \$	_____

Please check one:

- Business / Corporation Government Agency
 Nonprofit Orgs other than 501c3 Individuals

Community Partner’s Name: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____ Website: _____

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

INDIVIDUALS - PLEASE COMPLETE THIS SECTION AND YOU ARE DONE. THANK YOU.

Email: _____ Would you like to receive SANDAN Email Bulletins: Yes No

User name and password to the Member’s Only section of the SANDAN website will only be issued to you if you provide your email address.

BUSINESS, GOVERNMENT AGENCY, NONPROFIT AGENCIES (OTHER THAN 501C3) - PLEASE CONTINUE.

Description for the Directory: _____

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

Mail your check made 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.

Community Partner's Name: _____
User names and passwords to the Member's Only section of the SANDAN website will be issued to staff members whose email addresses are provided.

Main Contact Name: _____
Position: _____
Address, if different: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Ext. _____ Fax: _____ Email: _____
Would you like to receive SANDAN Email Bulletins: Yes No

Staff Member's Name: _____
Position: _____
Address, if different: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Ext. _____ Fax: _____ Email: _____
Would you like to receive SANDAN Email Bulletins: Yes No

Staff Member's Name: _____
Position: _____
Address, if different: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Ext. _____ Fax: _____ Email: _____
Would you like to receive SANDAN Email Bulletins: Yes No

Staff Member's Name: _____
Position: _____
Address, if different: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Ext. _____ Fax: _____ Email: _____
Would you like to receive SANDAN Email Bulletins: Yes No
