



HandsOn
JACKSONVILLE

NONPROFIT MEMBERSHIP APPLICATION FORM

Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Contact Name: _____ Ext. _____

Email Address: _____

Position: _____

Executive Director: _____

Email Address: _____

Development Director: _____

Email Address: _____

Agency membership dues are based on organization's annual operating budget:
Up to \$24K....\$50; \$25K - \$99K....\$100; 100K – 999K...\$200; 1M and over....\$300

Method of Payment

Check Number: _____ Visa MasterCard

Card Number: _____

Expiration Date: _____ Payment Amount: _____

Name as it appears on the card: _____

Signature: _____

Please remit payment with a list of your
Board of Directors and proof of your nonprofit status to:

HandsOn Jacksonville
Nonprofit Agency Membership
6817 Southpoint Parkway~ Suite 1902~Jacksonville, Fl. 32216
Phone: (904) 332-6767 Fax: (904) 332-6722

For additional information

Contact: Nancy Knight~ (904) 332-6767~ nancy@handsonjacksonville.org
or visit our website at www.handsonjacksonville.org