

## FEE STRUCTURE Annual Fee

### Organizations: Based on Operating

Budgets: .....	
Up to \$250,000 .....	\$100
\$250,001 - 500,000 .....	\$200
\$500,001 - 1,000,000 .....	\$300
\$1,000,001 - 4,000,000.....	\$400
\$4,000,001 +	\$500

### Associate Partners

(Fill out contact information only on Application Form)

**Consultants/Individuals** \$100

**Students** \$25

For more information, please call:

**(562) 290-0018**

[www.lbnp.org](http://www.lbnp.org)



3635 Atlantic Avenue  
Long Beach, CA 90807  
[www.lbnp.org](http://www.lbnp.org)

(Narrative Description continued here)

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## PARTNER INFORMATION

The Long Beach Nonprofit Partnership seeks to enhance the effectiveness and knowledge of professionals working in the not for profit sector by offering a variety of educational and networking activities including monthly networking breakfasts, workshops, roundtables, quarterly newsletters, a resource library, and consulting services.

## PARTNER BENEFITS

- Ten Free Networking Breakfasts (\$100 Value)  
(One free breakfast per paid membership;  
Non-member \$10)
- \$10 Discount on Workshops  
(Half Day Workshop Fees for Members \$25;  
Non-members \$35)
- Half-off workshop fee for second and fourth  
person registered from same agency
- Free copy of annual Membership Directory
- Free unlimited use of all Funding and Resource  
Library Services, including FC Search (the premier  
grantmaker database) and checkout privileges
- Discount on consulting projects
- California Association of Nonprofits (CAN)  
membership fee at a 25% discount  
and more...

## PARTNER QUALIFICATIONS

Membership is open to all nonprofit organizations, board members, volunteers, educational institutions, faith-based organizations, neighborhood associations, city and county departments and any interested community members. Associate Membership is open to individuals (not associated with an organization). Our Partners' enrollment plan covers a 12-month period.

## PARTNER APPLICATION

Please complete this Organization Information Form and send it to our offices along with your check. Make checks payable to Long Beach Nonprofit Partnership, mailing address, 3635 Atlantic Ave., Long Beach, CA 90807. Questions Call (562) 290-0018.

### AGENCY INFORMATION

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Operating budget (based on annual revenue): \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

### CONTACT INFORMATION (if different from above)

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

How many copies of the newsletter would you like sent to your organization? \_\_\_\_\_ (Attach listing with address for recipients)

### MEMBERSHIP CATEGORY (circle all that apply):

- Nonprofit Organization
- Association
- Government
- Education
- Consultant
- Interested Community Member
- Student

NARRATIVE DESCRIPTION FOR INCLUSION IN DIRECTORY (25 words maximum): \_\_\_\_\_

\_\_\_\_\_

(use back for additional space)

### PROGRAM FIELD

(Circle all activity areas that describe your organization)

- |                            |                       |
|----------------------------|-----------------------|
| After School               | Homeless              |
| Animals                    | Housing/Shelter       |
| Art, Culture, Humanities   | Legal                 |
| Athletics                  | Mental Health         |
| Children/Youth             | Mentoring             |
| Civil Rights/Social Change | Philanthropy          |
| Community Development      | Public Safety         |
| Environment                | Religious Institution |
| Employment                 | Seniors               |
| Faith-Based                | School: LBUSD         |
| Food/Nutrition             | School: Parochial     |
| Gov: Elected Official      | School: Private       |
| Gov: City                  | School: Public        |
| Gov: County                | Social Services       |
| Gov: State                 | Volunteerism          |
| Gov: Federal               | Other (explain)       |
| Health: General            |                       |

### TARGET POPULATIONS

(Circle all that apply)

- |               |                                      |                 |
|---------------|--------------------------------------|-----------------|
| Preschool     | Women                                | Native American |
| Children < 12 | Men                                  | Middle Eastern  |
| Youth 13-22   | African American                     | General         |
| Seniors       | Latino                               | Other           |
| Gay/Lesbians  | Cambodian/Asian/<br>Pacific Islander |                 |
| Disabled      |                                      |                 |

### THIS DATA WILL BE USED ONLY IN THE AGGREGATE FOR ADVOCACY EFFORTS

Number of Staff \_\_\_\_\_

Number of Volunteers \_\_\_\_\_

Volunteer Hours Contributed Annually \_\_\_\_\_

### WHAT PROGRAMS OR SERVICES ARE YOU INTERESTED IN?

- |                           |                                       |
|---------------------------|---------------------------------------|
| Workshops                 | Board Development                     |
| Consulting                | Information Technology/<br>Web design |
| Customized Training       | Other: _____                          |
| Library/Research Services |                                       |
| Information               |                                       |
| Advocacy                  |                                       |

### I AM INTERESTED IN PARTICIPATING IN:

- Executive Director Roundtable
- Volunteer Management Roundtable
- Other: \_\_\_\_\_

**Thank you for joining the Long Beach Nonprofit Partnership as a member organization!!**