



Helping Our Community Help Itself

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Nonprofit Leaders Council

APPLICATION

Organization Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Name of Representative: _____ Title: _____

Email Address: _____ Website: _____

Phone: _____ Fax: _____

Mission of Organization: _____

I certify that this organization is:

- A 501 c-IRS approved organization
- A nonprofit active in the Santa Clarita Valley

I am:

- an Executive Director
- a Board Member
- a nonprofit field specialist

Dues Structure

As a nonprofit organization within the Santa Clarita Valley, I am joining the Nonprofit Leaders Council under the category circled below. Checks should be made payable to the SCV Resource Center.

CATEGORY	OPERATING BUDGET	ANNUAL DUES
Level I	0 - \$50,000	\$0
Level II	\$50,001 - \$150,000	\$25
Level III	\$150,001 - \$400,000	\$50
Level IV	\$400,001 - \$1,000,000	\$75
Level V	Above \$1,000,000	\$100

I have read and I support the vision, mission and operating principles of the Nonprofit Leaders Council.

Signature _____

Date: _____

Print Name: _____