



Membership Application

Annual Agency Budget	Annual Membership Dues
Under \$100,000	\$45
\$100,001 - \$250,000	\$75
\$250,001 – \$1,000,000	\$125
\$1,000,001 – 5 Million	\$175
\$5 Million and Over	\$225

Member Fee Enclosed of \$ _____ or Please invoice my nonprofit for \$ _____

Agency Name:		
Address:		
City:	State:	Zip:
County:		
Phone:	Fax:	
Primary Contact:		
Primary E-mail:		
Secondary Contact:		
Secondary Email:		
Webpage(s):		
Budget:		
Full Time Staff:		
Part Time Staff:		

Your Nonprofit Contacts:

Department	Contact Name	Phone #	Email
Human Resources			
Communication/Marketing			
Education & Training			
Technology Support			
Website			

Services:

IHS provides a variety of services, some of which are listed below. Please check the top three IHS services you are most interested in:

<input type="checkbox"/>	IT Assistance	<input type="checkbox"/>	Retreat and/or Conference Planning
<input type="checkbox"/>	Resource Development	<input type="checkbox"/>	Organizational & Board Development
<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>	Communication/Marketing
<input type="checkbox"/>	Metrics/Dashboard	<input type="checkbox"/>	Leadership Development
<input type="checkbox"/>	Worksite Wellness	<input type="checkbox"/>	Professional Development
<input type="checkbox"/>	Succession Planning	<input type="checkbox"/>	Leadership Development
<input type="checkbox"/>	Volunteer Management	<input type="checkbox"/>	Strategic Planning
<input type="checkbox"/>	Outcome Measures	<input type="checkbox"/>	HR Issues Facing Nonprofits

I would like to have a one-on-one consultation with IHS to discuss how my agency can benefit from becoming a member.