



MEMBERSHIP APPLICATION

All information included herein shall be treated as confidential by the Nonprofit CPAs Alliance

Firm Name:		Year Firm Founded:	
Primary Address: (City, State & Zip)			
Designated Firm Representative: (include desired noted credentials)			
Telephone:		Fax Number:	
E-mail Address:		Website Address:	
Managing Partner Name:			
Managing Partner Email Address:		Number of Partners:	
A/P Manager:		A/P Manager Phone:	
A/P Manager Mailing Address:		A/P Manager E-mail Address:	
Annual Revenue From Services to Nonprofits:	\$	Number of Clients in Nonprofit industry:	
Branch Office Address: (if different from primary address)			

Please list the partners who work in the nonprofit industry and the percentage of time devoted to this industry below. Please attach a separate list if there are more than the four listed below:

Name of Partner	% of Time	Areas of Concentration	Provide E-Mail Address to Subscribe to the Nonprofit CPAs Members Only Email Communication (Listserve)
1.			
2.			
3.			
4.			

Please list other personnel who work in the nonprofit industry and the percentage of time devoted to this industry below:

Name and Position	% of Time	Provide E-Mail Address to subscribe to the Nonprofit CPAs Listserve (optional)
1.		
2.		
3.		
4.		

ANNUAL MEMBERSHIP AGREEMENT

The undersigned hereby applies for membership in the Nonprofit CPAs Alliance as the member in the territory (ies) shown below and if accepted agrees to comply with its by-laws, rules and regulations. We agree to pay an enrollment fee of \$ _____ and dues in advance in the amount of \$ _____ for the firm for the period **ENTER START MONTH** to December.

Annual dues of \$ _____ are payable in full on the first of January EACH year. Your dues will be prorated if membership occurs after January.

Applicant acknowledges that, if accepted for membership, they will be granted exclusive rights of membership in the territory (ies) set forth below. By virtue of membership in Nonprofit CPAs, CPA firms have access to information, materials, and association with noncompetitive peers not available to other CPA firms. In consideration of these and other benefits received by members of Nonprofit CPAs, applicant agrees to the following:

Applicant agrees to conform to the bylaws of Nonprofit CPAs, including the recognition of the territorial limitations. Member will not, for example, distribute or use materials provided by or through Nonprofit CPAs outside the territories defined in this application and agreement. Further, upon termination of membership, applicant agrees to discontinue using any materials which indicate it is affiliated with Nonprofit CPAs and destroy any marketing materials or publications produced by, for, or with the assistance of Nonprofit CPAs and to return any manual, seminar presentation guides, or other materials provided by or for Nonprofit CPAs immediately upon termination of membership.

TERRITORY (IES): _____

COUNTY (IES): _____

STATE(S): _____

Please attach a list of territories or counties if they do not fit on this page

I commit to attend at least one Nonprofit CPAs conference per year, contribute to the Members' Resource Bank by providing at least one article, white paper or practice management tool per year, and actively participate in the ListServe. Also, I commit to participate on a task force or committee within the first two (2) years of membership.

_____ Initial

Print Name: _____

Title: _____

Signature: _____

ACCEPTED:

The Nonprofit CPAs Alliance

A subsidiary of The Rainmaker Alliances, a service line of The Rainmaker Companies

By: _____

Date: _____

Please make checks payable to:
The Rainmaker Companies