



# *CENTER ASSOCIATE PROGRAM*

## *Enrollment Form*

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

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

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

City, State, Zip: \_\_\_\_\_

Org Phone: \_\_\_\_\_ Org Fax: \_\_\_\_\_

ED's Name: \_\_\_\_\_ Your Email: \_\_\_\_\_

Annual Budget (required): \_\_\_\_\_ CA Fee:  \$300  \$500

***Fax or mail completed form to:***  
***Fax:*** (213) 687-7159

***Mail (with payment to):***  
Center for Nonprofit Management  
1000 N. Alameda St., Ste. 250  
Los Angeles, CA 90012

Annual Fees	
Annual Budget	Fees
Under \$1,000,000	\$300
\$1,000,000 and over	\$500

### ***Payment Information:***

Check enclosed  Visa  Mastercard  AmEx

Acct. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_