

Membership Application Form
(For new & renewing members)

Name: _____

Title: _____

Organization:

Address:

City: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Annual Budget: \$_____

Please list any meeting topics that you
would like to see the group discuss:

**Please note that the above
information may be shared with
other members**

Please enclose a check payable to
NonProfit Financial Managers and
mail it along with this form to:

Mitzi Fennel

NonProfit Financial Managers
c/o Child Care Resource Center
130 Bishop Allen Drive
Cambridge, MA 02139