1EMBERSHIP



Review and submit for membership renewal.

Individual Name	Organization _		
☐ I have reviewed and agree to honor the MEDA Code of Ethics located HERE ☐ Please send me an invoice (Please fill out both pages and email to membership@medamembers.org) ☐ I will pay online by clicking here (Please complete both pages and return it to membership@medamembers.org)			
This includes permanent me organizations that have a miss Benefit: In addition to investaff members of the EDO membership and the accordance the individual membership. Dues will be calculated by multiple by .002. Your "net operating but operating expense budget minus EDO (i.e., capital expenditures, capital	mpanying benefits (detailed in p section). blying your total net operating budget	Total Operating Expenses \$ Minus Logical Non-Operating Exclusions - \$ = Net Operating Budget \$ Dues Assessment x .002 Total Dues \$ or \$1,000 whichever is greater.	
Partner Organization			
Access to one <u>Grow America</u>Increase your voice in shapir	<u>a Course</u> for \$125 (normally \$1,700 ng the state legislature. d learns 1x per month in non-confe))	

- Support and information dissemination from MEDA's partnership with National Association of Development Organizations (NADO), Montana Nonprofit Association (MNA), Montana Infrastructure Coalition (MIC) and others.

• Member exclusive "Office Hours" which are a time to learn from peers 1x per month in non-

• Member exclusive monthly newsletter.

conference months.

Access to the online MEDA member directory (coming February of 2023).

• Subscription to GrantStation Insider to explore potential funding sources.

Invoice Details:	
Primary Contact for Membership Processing:	
Name:	Email:
Phone:	
Organization Information:	
Mailing Address:	
If an EDO (all employees) or Partner Organiza and their emails <u>OR</u> please type them below:	ation (5 people), please provide a web link to your staff
Link(s) to member name and email address:	

Name	Email