



# Enrollment Application

**Please mail completed form to:**

NonProfit Solutions NW  
 1824 Black Lake Blvd. SW Suite 101  
 Olympia, WA 98512

membership@nonprofitsolutionsnw.com

## Contact Information

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

Primary Contact: \_\_\_\_\_

Authorized Designee (if different): \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

## Select a Membership Plan

Select	Level	Price Per Month	Hours Per Month Accrued	Months	Hours Per Year Accrued
<input type="checkbox"/>	 Bronze	\$50	1/2	12	6
<input type="checkbox"/>	 Silver	\$100	1	12	12
<input type="checkbox"/>	 Gold	\$300	4	12	48
<input type="checkbox"/>	 Diamond	\$500	7	12	94

## Membership Benefits

- All new members receive the complimentary publication, The Nonprofit Life Stage Assessment from Fieldstone Alliance.
- Members receive a complimentary 1 hour of service with enrollment.
- Members receive 1 bonus hour for referrals to other organizations who become members.
- Members receive contracted services not listed in the accrual plan at their membership rate.
- Monthly membership investments can be made easily and automatically to build up the bank of consulting hours consistently and hassle free.

## Payment Options

### Credit Card

MasterCard  Visa  Discover  American Express

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please set up re-occurring monthly payments on credit card (please note: this can easily be cancelled with 30 day notice.)

Authorized Signature: \_\_\_\_\_

### Other Payment Options (check all that apply)

- PayPal (call office for PayPal account information)
- A check for the first month's payment is enclosed
- We will send a check monthly for our selected program
- Please invoice for the first month
- Please invoice us monthly

## Membership Agreement

1. Service hours begin to accrue at the beginning of the month following receipt of your first month's payment.
2. Members are invoiced at the end of each calendar month and accrue service hours after payment is received. Members are expected to make their monthly payments by no later than the 15th of each month.
3. The nonprofit organization on the enrollment form is considered the "member." The Executive Director or Board President (Chair) or their designee is authorized to redeem the accrued service hours.
4. Member requests for services are conveyed to NPS with a simple phone call to 360-866-3638 or email to membership@nonprofitsolutionsnw.com. NPS staff will work with the member to develop a scope of work and timeline mutually agreeable to both parties.
5. If requested service exceeds available accrued hours, available accrued hours can be applied to an expanded contract.
6. If requested service exceeds estimated service hours as stated on the menu, NPS and the Member will negotiate an appropriate contract and the accrued service hours will be applied.
7. Members can move to another membership level at any time. Simply phone or email NPS to initiate the change. Membership level change will begin on the first day of the month following the request.
8. This month-to-month agreement can be cancelled at any time with a 30 day written notice. Unused, paid service hours are non-refundable but can be assigned or sold to another nonprofit organization with the approval of NPS. Refunds are given for the current month only.
9. NonProfit Solutions accepts no liability for decisions or actions taken on the part of Stargazer Club member organizations. Stargazer Club members will indemnify and hold harmless NonProfit Solutions NW, LLC from any and all claims, actions and judgments, including all costs of defense and attorney's fees incurred in defending against same, arising from and related to counsel and service provided to the member organization.

### Authorized Signature

I understand and agree to the terms of the Stargazer Club.

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
For NonProfit Solutions NW, LLC

\_\_\_\_\_  
Date

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