

UK UNIVERSITY OF KENTUCKY Nonprofit Leadership Initiative

The Nonprofit Leadership Initiative exists to serve, strengthen and support Kentucky's nonprofit community by providing quality educational opportunities, technical assistance and opportunities for networking. Membership in our Nonprofit Network program provides your nonprofit organization with discounts on our services and is an investment in the future of Kentucky's nonprofit community!

Please join us today or visit www.kynonprofits.org to learn more.

Join the *Kentucky Nonprofit Network!*

- Add your voice to nonprofit and philanthropic leaders working to improve our communities
- Save on workshops, the annual KY Nonprofit Leadership Forum, technical assistance and more
- Send you board for free training
- Connect with your peers and share solutions
- Make a bigger impact and improve your organization's effectiveness

Nonprofit Members		Foundation Members	
Less than \$100,000	\$40	<i>(based on grants award annual)</i>	
\$100,000 - \$249,999	\$65	Less than \$100,000	\$125
\$250,000 - \$499,999	\$90	\$100,000 - \$499,999	\$200
\$500,000 - 749,999	\$120	\$500,000 - \$999,999	\$275
\$750,000 - \$999,999	\$150	\$1 million - \$1,999,999	\$400
\$1 million - 1,999,999	\$200	\$2 million or more	\$600
\$2 million - 2,999,999	\$250	Business	\$600
\$3 million - 3,999,999	\$350	Individuals (non-institutional affiliated members)	\$75
\$4 million - 4,999,999	\$450	Students (KY Colleges/Universities)	\$35
\$5 million - 9,999,999	\$500		
\$10 million or more	\$650		

** Membership covers a 12 month period and is on a sliding fee scale based on your operating budget. Individuals and corporate friends are also invited to join the Network for a flat fee.*

Please return to the Nonprofit Leadership Initiative, 300 Garrigus Building, Lexington, KY 40546-0215 or fax to (859) 323-2715. Please call (859) 257-2542 or email ulus@kynonprofits.org with questions. You may also join online at www.kynonprofits.org.

Name _____ Title _____

Organization _____

Website _____

Address _____

Phone _____ Fax _____ Email _____

Tax ID/EIN # _____ Annual Operating Budget \$ _____

Membership Dues: \$ _____

Check Enclosed Visa MasterCard