

Dual Membership Application Nonprofit Organizations Only



ORGANIZATION INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

Type of 501(c) _____

Primary focus _____

MAIN CONTACT / VOTING MEMBER

The person responsible for ensuring that your organization is properly represented in DMA.

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

DUES SCHEDULE

Membership dues are based on annual revenue.

PLEASE CHECK MEMBERSHIP DUES APPROPRIATE FOR YOUR ORGANIZATION.

BASIC DUAL MEMBERSHIP OF \$675 IS FOR QUALIFYING ORGANIZATIONS ONLY.

ANNUAL REVENUE	ANNUAL DUES
Basic membership <i>After first year, dues increase to \$999</i>	<input type="checkbox"/> \$675
Associate: \$0 – \$2,000,000	<input type="checkbox"/> \$1,550
Patron: \$2,000,001 – \$15,000,000	<input type="checkbox"/> \$4,500
Bronze: \$15,000,001 – \$25,000,000	<input type="checkbox"/> \$7,700
Silver: \$25,000,001 – \$250,000,000	<input type="checkbox"/> \$15,500
Gold: \$250,000,001 – \$500,000,000	<input type="checkbox"/> \$25,750
Platinum: \$500,000,001 – \$750,000,000	<input type="checkbox"/> \$51,500
President's Circle: \$750,000,001 – \$1,000,000,000	<input type="checkbox"/> \$77,500
Chairman's Circle: \$1,000,000,000 +	<input type="checkbox"/> \$100,000

COMMITMENT TO CONSUMER CHOICE AND ADHERENCE TO DMA GUIDELINES STATEMENT

The person responsible for ensuring that your organization is properly represented in DMA. All membership applications and renewals are subject to review and approval by the DMA Board of Directors. All members are expected to adhere to the [DMA's Guidelines for Ethical Business Practice](#).

FUNDRAISING PRINCIPLES MEMBER PLEDGE

As a nonprofit organization member, I agree to review and support the [DMANF Fundraising Principles](#) as a condition of DMANF membership. I agree to share these principles within my organization and with my service providers to ensure compliance.

Signed _____ Name _____

Title _____

IF YOU MARKET TO CONSUMERS/DONORS, THE FOLLOWING APPLIES TO YOU:

In our relationship with consumers and donors, as DMA members, we agree to the following:

PROVIDE A POINT OF CONTACT FOR PREFERENCES

- To provide existing and prospective donors with a point of contact where they can exercise their preferences or eliminate future communications and obtain your privacy policy (via 800 number, address or website) the point of contact should be on the mailpiece and
- To periodically provide existing donors with a notice of list rental, sale, or exchange, and of their ability to opt out of information exchanges

HONOR OPT-OUT REQUESTS

- To honor donor and prospect requests to be on an in-house suppress file to stop receiving solicitations from our organization, and
- To honor donor opt-out requests not to have their contact information transferred to others for marketing purposes

DISCLOSE SOURCE OF MAILING TO THE CONSUMER

- To disclose the source from which we obtained personally identifiable data about a consumer/donor, upon request by that consumer for the consumer's benefit so that they can contact the source and exercise their preferences.

USE DMA'S MAIL PREFERENCE SERVICE LISTS

- To use the DMA's Mail Preference Service suppression files (MPS, E-MPS, deceased, caretaker files) on a monthly basis on prospect lists to remove names for those who do not wish to receive unwanted mail or email for a period of at least three years

COMMITMENT TO CONSUMER CHOICE (CCC) CONTACT

The person who will ensure that your organization follows the DMA Member Guidelines *(if other than Main Contact/Voting Member)*

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I CERTIFY THAT I HAVE READ ALL PARTS OF THIS APPLICATION AND AGREE TO FOLLOW DMA'S COMMITMENT TO CONSUMER CHOICE.

Initials _____ Date _____

PAYMENT INFORMATION

DMA MEMBERSHIP IS FOR A 1-YEAR PERIOD AND MUST BE RENEWED ANNUALLY.

I CERTIFY THAT I HAVE READ AND COMPLETED ALL PARTS OF THIS APPLICATION AND AGREE TO PAY THE APPROPRIATE MEMBERSHIP DUES.

Initials _____ Date _____

Payment method

- Check enclosed MasterCard
 AmEx Discover
 Visa Invoice my organization

Amount due _____ Card # _____ Exp date _____

Notes _____

PAYMENTS RECEIVED ARE NON-REFUNDABLE

CHECK PAYMENT ADDRESS

Alicia Osgood
DMA Nonprofit Federation (DMANF)
225 Reinekers Lane, Suite 325
Alexandria, VA 22314

DMANF CONTACT

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