



**National Joint Powers Alliance®
Participating Membership Agreement**

This Agreement, made and entered into this ____ day of _____ 200__, by and between National Joint Powers Alliance®, hereafter referred to as NJPA and _____, hereafter referred to as the "Applicant,"

Witnesseth:

That for a good and valuable consideration of the premises, mutual terms, covenants, provisions, and conditions hereafter set forth, it is agreed by and between the parties as follows:

Whereas, the NJPA is created by Minnesota Statute 123A.21 (with membership further defined in M.S.471.59) to serve cities, counties, towns, public or private schools, political subdivisions of Minnesota or another state, another state, any agency of the State of Minnesota or the United States including instrumentalities of a governmental unit and all non-profits; and.

Whereas, NJPA's purpose as defined in M.S. 123A.21 is to assist in meeting specific needs of clients which could be better provided by NJPA than by the members themselves; and

Whereas, the NJPA Board of Directors has established the ability for an "Applicant" desiring to participate in NJPA contracts and procurement programs to become a Participating Member; and

Whereas, the NJPA Board of Directors has determined that Participating Members will have no financial or organizational liability to NJPA or to it's organizational activities;

Now Therefore, it is hereby stipulated and agreed that "Applicant" Agency desires to be a Participating Member of NJPA with contract purchasing benefits, and that NJPA hereby grants said Membership to said "Applicant".

Term:

This continuing agreement shall remain in force or until either party elects to dissolve the Agreement by written notice.

THEREFORE, IN WITNESS THEREOF, The parties hereto have executed this Agreement the day and year above written.

Member Name

**National Joint Powers Alliance®
200 1st Street NE, Suite 1
Staples, MN 56479**

By: _____
Authorized signature

By: _____
Authorized Signature

Title
Rev 2-22-08

Title

Participating Member Information

Applicant Name * _____

Applicant Address * _____

Applicant Federal ID Number _____

Contact Person Name * _____

Applicant Organization Type (Please Check One) *

- K-12**
- Government or Municipality**
- Higher Education**
- Non-Profit**

Title * _____

Email * _____

Phone * _____

Fax _____

Web Site _____

I was referred by:

- AASA or AASA Sate Affiliate
- Advertisement
- Another Member
- Vendor Representative
- Trade Show
- NJPA Website