

NATIONAL JOINT POWERS ALLIANCE®
ASSOCIATE MEMBER ENROLLMENT AGREEMENT

Nonprofit Organization: _____

Organization Type: _____

Contact Person

Name: _____

Address: _____

Phone: _____

E-mail: _____

Upon the approval of an enrollment agreement submitted by a nonprofit organization to the National Joint Powers Alliance® (NJPA), the nonprofit organization may contact the NJPA Vendors to participate in a purchase. Each party agrees that it is responsible for its acts and the results thereof, to the extent authorized by law, and will not be responsible for the acts of the other party and the results thereof. The nonprofit organization will be responsible for all aspects of its purchase, including ordering its goods and/or services, inspecting and accepting the goods and/or services, and paying the Vendor who will have directly billed the nonprofit organization placing the order.

I have attached documentation of non-profit organization status from the United States Internal Revenue Service.

I understand and agree to the conditions and requirements associated with this Membership. Further, all information provided is true and correct to the best of my knowledge.

(Authorized Signature)

(Date)

(Typed Name)

(Title)

Return completed agreement to

National Joint Powers Alliance®

Duff Erholtz

202 12th Street NE

Staples, MN 56479

Phone 218-894-5490

Fax 218-894-3045

E-mail duff.erholtz@njpacoop.org

NJPA USE ONLY

Accepted by:

(NJPA Executive Director/CEO)

(Date)