 Sensory Sanctuary

A Nonprofit Organization

415 Dunlap Ave., P.O. Box 301, Savoy, IL, 61874, Tel. (217)855-8214

Email: hjohnston@sensorysanctuary.org Website: www.sensorysanctuary.org

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| **Office Use Only**  Payment Method: \_\_\_\_\_\_\_\_\_  Amount Paid: \_\_\_\_\_\_\_\_\_  Date Paid: \_\_\_\_\_\_\_\_\_  Voting:   Volunteer:   Donor:  |

2021 Membership Application Form

**Please read all information carefully**

**Eligibility**

Applicants must be 18 or older and pass a background check.

**Membership Categories**

A member is classified as a voting member if they pay more for the right to vote on board members and other board activities.

A member is classified as a volunteer member if they pay for their membership with their time.

A member is classified as a donor member if they pay for their membership with money.

**Membership periods and fees**

See the membership options and fee schedule on page 2.

**First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_ Sex (circle): Male / Female / Non-Binary / Other**

**Telephone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have United States Citizenship? □ Yes □ No. Nationality if not US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Participation (check all applicable) □ Voting □ Volunteer □ Donor □ Dual**

I hereby apply for membership with Sensory Sanctuary Nonprofit Organization. I agree to be bound by and comply with the policies and rules of Sensory Sanctuary and declare that I am knowledgeable of and will comply with and be bound by the Sensory Sanctuary Non-Disclosure Agreement.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**

**Membership periods and fees**

There are four membership options:

* 1. **Voting Volunteer Membership** – membership for 12 months with voting privileges towards new board members and important board activities, as long as the 100-hour volunteer annual minimum is met.
  2. **Voting Donor Membership** – membership for 12 months with voting privileges towards new board members and important board activities, as long as the $500 annual minimum is met.
  3. **Voting Dual Membership** – membership for 12 months with voting privileges towards new board members and important board activities, as long as the $250 and 50 hour minimums are both met.
  4. **Non-Voting Volunteer Membership –** membership for 12 months without voting privileges so long as the 20-hour volunteer annual minimum is met.
  5. **Non-Voting Donor Membership –** membership for 12 months without voting privileges so long as the $100 annual minimum is met.
  6. **Non-Voting Dual Membership –** membership for 12 months without voting privileges so long as the $50 and 10 hour minimums are both met.

**Schedule of Fees**

**Option 1: Annual Voting Membership**

Volunteer 100 Hours

Donor $500

Dual 50 Hours and $250

**Option 2: Annual Non-Voting Membership**

Volunteer 20 Hours

Donor $100

Dual 10 Hours and $50

**Please check your choice of voting status**

* Voting
* Non-Voting

**Please check your membership status**

* Volunteer
* Donor
* Dual

**Payment Details**

Please check the method of payment

* + Cash enclosed
  + Local Check or Money Order enclosed (payable to Sensory Sanctuary)
  + Debit or Credit Card (you will be contacted to process payment)