

**MEMBERSHIP AGREEMENT
PARTICIPATING MEMBER**



This Agreement, made and entered into this _____ day of _____, 20_____,
by and between National Joint Powers Alliance®, hereinafter referred to as "NJPA" and
_____ hereinafter 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 its organizational activities;

Now Therefore, it is hereby stipulated and agreed that the "Applicant" Agency desires to be a Participating Member of NJPA with contract purchasing benefits, in accordance with terms and conditions of the applicable contract(s), 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 written above.

Member Name:

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

By _____

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

Its _____

TITLE

TITLE

DATE

DATE

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PARTICIPATING MEMBER**



PATICIPATING MEMBER INFORMATION

Applicant Name: _____
Address: _____
Federal ID Number: _____
Contact Person: _____
Title: _____
E-mail: _____
Phone: _____
Website _____

Please indicate an address to which your Membership materials may be delivered.

Thank you.

APPLICANT ORGANIZATION TYPE:

- K-12
- Government or Municipality
- Higher Education
- Non-Profit
- Other (please specify):

I WAS REFERRED BY: (please specify)

- Advertisement _____
- Current NJPA Member _____
- Vendor Representative _____
- Trade Show _____
- NJPA Website _____
- Other _____

Completed applications may be returned to:

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

Duff Erholtz

phone 218-894-5490
fax 218-894-3045
e-mail duff.erholtz@njpaoop.org