MEMBERSHIP AGREEMENT

PARTICIPATING MEMBER



Pow	s Agreement, made and entered into this ers Alliance®, hereinafter referred to as "No rred to as the "Applicant".	day of, 20, by and between National Joint JPA" and hereinafter
That	nesseth: for a good and valuable consideration of the parafter set forth, it is agreed by and between the parafter set.	remises, mutual terms, covenants, provisions, and conditions parties as follows:
	further defined in M.S. §471.59)to serve cit subdivisions of Minnesota or another state,	a Statute §123A.21as a service cooperative (with membership ties, counties, towns, public or private schools, political another state, any agency of the State of Minnesota or the f a governmental unit and all non-profits; and
	Whereas, NJPA's purpose as defined in M. could be better provided by NJPA than by t	S. $$123A.21$ is to assist in meeting specific needs of clients which 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;	
Men		that the "Applicant" Agency desires to be a Participating s, in accordance with terms and conditions of the applicable bership to said "Applicant."
Teri This	continuing agreement shall remain in force or	until either party elects to dissolve the Agreement by written
	EREFORE, IN WITNESS THEREOF, parties hereto have executed this Agreement the	e day and year written above.
Member Name:		National Joint Powers Alliance® 202 12 th Street NE Staples, MN 56479
Ву	AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE
Its		
•	TITLE	TITLE
-	DATE	DATE

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ORGANIZATION INFORMATION (** Required Information) Applicant Name: ** Please indicate an address to which your Membership materials may be delivered. Address: ** Thank you. City, State, Zip ** Federal ID Number: Contact Person: ** Title: ** E-mail: ** Phone: Website: **APPLICANT ORGANIZATION TYPE: ⊡** K-12 ☐ Government or Municipality (please specify: □ Higher Education ☐ 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 ® 202 12TH Street NE Staples, MN 56479

Duff Erholtz

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