

**MEMBERSHIP AGREEMENT
PARTICIPATING MEMBER**



This Agreement, made and entered into this 16th day of April, 2013, by and between National Joint Powers Alliance®, hereinafter referred to as "NJPA" and City of Chaska, MN 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.

National Joint Powers Alliance®
202 12th Street NE, P.O. Box 219
Staples, MN 56479

Member Name:

By

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

Its

TITLE

TITLE

DATE

DATE

Please indicate an address to which your membership materials may be delivered. Thank you.

120 3rd Ave N. PO Box 752
ADDRESS

509-422-3600
PHONE

okangas@northcascades.net
EMAIL ADDRESS

Municipality
ORGANIZATION TYPE

For membership questions contact:
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