



COAE MEMBERSHIP RENEWAL: July 1, 2018 – June 30, 2019

Organization _____

Name & Title _____

Primary & 2nd Emails _____

Add'l Emails (Assistants, HR, CFO, COO, etc) _____

Primary Service Area (if you have more than 1 service area, please rank)

- | | |
|---|---|
| <input type="checkbox"/> Animals and/or Environment
<input type="checkbox"/> Arts and Culture
<input type="checkbox"/> Children and Youth
<input type="checkbox"/> Disabilities
<input type="checkbox"/> Disease/Health Awareness and/or Prevention | <input type="checkbox"/> Education
<input type="checkbox"/> Human Services and/or Aging
<input type="checkbox"/> Legal and/or Financial
<input type="checkbox"/> Mental Health or Substance Abuse
<input type="checkbox"/> Other (list) _____ |
|---|---|

PLEASE UPDATE to show our collective impact Total # Employees _____

Operating Budget \$ _____ Clients/Participants/Members _____
(# of individuals served annually)

<input checked="" type="checkbox"/>	CALCULATE YOUR DUES BASED ON BUDGET LISTED ABOVE	
	\$850	Over \$20 Million
	\$795	\$10 M - \$19,999,999
	\$585	\$5 M - \$9,999,999
	\$435	\$1.5 M - \$4,999,999
	\$275	\$700 K - \$1,499,999
	\$185	\$300 K - \$699,999
	\$120	\$299,999 or less

2018-19 Annual Dues Enclosed: \$ _____

Please mail this form with check payable to: COAE/CCSI - Council of Agency Executives
 PO Box 10547
 Rochester NY 14610-0547

Thank you for your prompt renewal by June 30, 2018. Questions? 585.301.8383