

NEW MEMBER APPLICATION

Contact Information

Name *(include nickname for name badge if preferred)*

Title

Organization

Address

City, St, Zip

Phone

Email

Other Emails (Ass't, HR, CFO, COO, etc)

Organizational Information

*Used to show collective impact in the Rochester area.
Individual data is kept confidential.*

Total # Employees _____

FT _____ PT _____

Clients or members _____
(# of individuals served annually)

Current annual operating budget
\$ _____

Annual Dues (based on above budget)

\$850	\$20 Million and over
\$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

Our Membership Year is July 1 – June 30.

- Certification:**
- My organization is a 501(c)3 nonprofit and is located in and/or provides services in the Greater Rochester NY region.
 - We have at least 1 paid staff member.
 - I am the highest ranking staff member in the Greater Rochester region supporting the mission & vision of my organization.

Signature/date _____

Primary Service Area *(If you have more than one service area, please rank them)*

Animals and/or Environment Disabilities Human Services and/or Aging
 Arts and Culture Disease/Health Awareness and/or Prevention Legal and/or Financial
 Children and Youth Education Mental Health or Substance Abuse
 Other (list) _____

Annual Dues Enclosed: \$ _____

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