



NEW MEMBER APPLICATION

Includes membership with the NY Council of Nonprofits (NYCON.org)

Organization
CEO/ED Name <small>(include nickname for name badge if preferred)</small>
Title
Address
City, St, Zip
Phone
CEO/ED email
Assn't email
HR email
CFO email
COO email
Compliance Officer email
Other emails for newsletters

Organizational Information
<i>Individual data is kept confidential and only used to show our collective impact in the Rochester area.</i>
Total # Employees _____
FT _____ PT _____
Clients/participants/mbrs _____ <small>(# of individuals served annually)</small>
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

<p><u>Certification:</u></p> <ul style="list-style-type: none"> • 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. <p>Signature/date _____</p>

<p>Primary Service Area (If you have more than one service area, please rank them)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Animals and/or Environment</td> <td style="width: 33%;"><input type="checkbox"/> Disabilities</td> <td style="width: 33%;"><input type="checkbox"/> Human Services and/or Aging</td> </tr> <tr> <td><input type="checkbox"/> Arts and Culture</td> <td><input type="checkbox"/> Disease/Health Awareness and/or Prevention</td> <td><input type="checkbox"/> Legal and/or Financial</td> </tr> <tr> <td><input type="checkbox"/> Children and Youth</td> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Mental Health or Substance Abuse</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (list) _____</td> </tr> </table>	<input type="checkbox"/> Animals and/or Environment	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Human Services and/or Aging	<input type="checkbox"/> Arts and Culture	<input type="checkbox"/> Disease/Health Awareness and/or Prevention	<input type="checkbox"/> Legal and/or Financial	<input type="checkbox"/> Children and Youth	<input type="checkbox"/> Education	<input type="checkbox"/> Mental Health or Substance Abuse	<input type="checkbox"/> Other (list) _____		
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<p>Annual Dues Enclosed: \$ _____ (calculated from above)</p> <p>Mail this form with check payable to: COAE/CCSI - Council of Agency Executives PO Box 10547 Rochester NY 14610-0547</p>
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