



NEW MEMBER APPLICATION

***** Includes membership with the New York Council of Nonprofits (NYCON.org) *****

Organization _____
(As you would like to be listed)

CEO/ED Name _____
(Include nickname for name badge if preferred)

Title _____

CEO/ED email _____

Work Phone _____ Cell _____

Address _____

City,St,Zip _____

Assn't email/name _____

HR email/name _____

CFO email /name _____

COO email/name _____

Compliance Officer email/name _____

Other staff for newsletters, etc _____

Organizational Information

Individual data is kept confidential and only used to show our collective impact in the Greater Rochester region..

Total # Employees _____

FT _____ PT _____

Clients/participants/mbrs _____
(# of unique individuals served annually)

Current annual operating budget
 \$ _____

EIN# for verification _____

✓	Annual Dues (based on above budget)	
	\$1,200	\$50 Million and higher
	\$1,100	\$20 M - \$49,999,999
	\$1,000	\$10 M - \$19,999,999
	\$600	\$5 M - \$9,999,999
	\$500	\$1.5 M - \$4,999,999
	\$350	\$700 K - \$1,499,999
	\$250	\$300 K - \$699,999
	\$150	\$299,999 or less

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 provide several services, please rank them 1,2,3...)

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

Annual Dues Enclosed: \$ _____ *(calculated from above)*

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