

## ANNUAL RENEWAL INVOICE: July 1, 2022 – June 30, 2023 \*\*\* Includes New York Council of Nonprofits (NYCON.org) Membership \*\*\*

| Organization                    |                                                                                                                                                                                  | CEO/ED Name                           |                                                                                               |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------|
| _                               | (As you would like to be listed)                                                                                                                                                 |                                       |                                                                                               |
| CEO/ED Email                    | I Of                                                                                                                                                                             | fice Phone                            | Cell                                                                                          |
| CEO/ED Dem                      | nographics (We are collecting demographics to ensure our                                                                                                                         | leadership represents our memb        | pers.)                                                                                        |
| Gender: Femal                   | ale, Male, Non-Binary, Self-Described                                                                                                                                            | Age Range: Unde                       | r 40, 40-50, 50+                                                                              |
| #Years as CE                    | EO/ED: 0-5, 6-10, 11-15, 16+                                                                                                                                                     |                                       |                                                                                               |
| Ethnicity: Asia                 | an, Black/African American, Hispanic/Latino/a/x_                                                                                                                                 | , Native American, Pa                 | acific Islander, White/Caucasian                                                              |
| Self-Described                  | Ethnicity (list)                                                                                                                                                                 |                                       |                                                                                               |
| Skills:Developm FundraisFinance | Human Resources Programmatic                                                                                                                                                     |                                       |                                                                                               |
| Aging/C<br>Animals<br>Arts and  | Onal Service Area (If you provide multiple services, <u>ple</u> Older Adults Disabilities Is and/or Environment Disease Awareness and and Culture Education en and Youth Housing | Le Le l/or Prevention Mo              | gal and/or Financial<br>ental Health or Substance Abuse<br>ulti-faceted Human Services<br>her |
| New Contac                      | cts &/or Emails                                                                                                                                                                  |                                       |                                                                                               |
| Assistant                       |                                                                                                                                                                                  | Program                               |                                                                                               |
| HR                              |                                                                                                                                                                                  | _CFO                                  | ·                                                                                             |
| COO or Simil                    | ilar                                                                                                                                                                             | _Compliance                           |                                                                                               |
| Di                              | PLEASE UPDATE to show our collective impact A                                                                                                                                    | Annual Budget \$                      |                                                                                               |
|                                 | •                                                                                                                                                                                | -                                     |                                                                                               |
| To                              | otal # Employees C                                                                                                                                                               | Clients/Participants/Members<br>(# of | sindividuals served annually)                                                                 |
| <u>-</u>                        |                                                                                                                                                                                  |                                       |                                                                                               |

| ✓ | CALCULATE YOUR DUES BASED ON BUDGET LISTED ABOVE |                             |  |
|---|--------------------------------------------------|-----------------------------|--|
|   | \$1,200                                          | \$50 Million and higher     |  |
|   | \$1,100                                          | \$20,000,000 – 49,999,999   |  |
|   | \$1,000                                          | \$10,000,000 - \$19,999,999 |  |
|   | \$600                                            | \$5,000,000 - \$9,999,999   |  |
|   | \$500                                            | \$1,500,000 - \$4,999,999   |  |
|   | \$350                                            | \$700,000 - \$1,499,999     |  |
|   | \$250                                            | \$300,000 - \$699,999       |  |
|   | \$150                                            | \$299,999 or less           |  |

| 2022-2023 Annua | Il Dues Enclosed \$ |  |
|-----------------|---------------------|--|
|-----------------|---------------------|--|

Please include this form with check payable to: COAE/CCSI - Council of Agency Executives

1099 Jay Street, Bldg. J, 3rd Floor Rochester, NY 14611