

## NEW MEMBER APPLICATION

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

Organization \_\_\_\_\_

CEO/ED Name \_\_\_\_\_  
*(Include nickname for name badge if preferred)*

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**

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

Total # Employees \_\_\_\_\_

FT \_\_\_\_\_ PT \_\_\_\_\_

Clients/participants/mbrs \_\_\_\_\_  
*(# of individuals served annually)*

Current annual operating budget  
\$ \_\_\_\_\_

EIN# for verification \_\_\_\_\_

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

**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 1,2,3...)**

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:** \$ \_\_\_\_\_ *(calculated from above)*

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