



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 if preferred for name badge)

Title

CEO/ED email

Work Phone _____ Cell (optional) _____

Address _____

City, St, Zip _____

CEO/ED Demographics *(Collected to ensure our leadership represents our members.)*

Gender: Female _____, Male _____, Non-Binary _____, Self-Described _____

Age: Under 40 _____, 40-50 _____, 50+ _____

#Years as CEO/ED: 0-5 _____, 6-10 _____, 11-15 _____, 16+ _____

Ethnicity: Asian _____, Black/African American _____, Hispanic/Latino/a/x _____

Native American _____, Pacific Islander _____, White/Caucasian _____

Other (list) _____

Skills:

___Development/ Fundraising	___Legal	___Public Policy/ Advocacy
___Finance	___Programmatic	___Survey/Evaluation
___Human Resources	___PR/Marketing	___Other _____

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 _____

Service area(s)
Rochester/Monroe Cty _____, Other Counties _____

✓	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

Primary Service Area *(If you have more than one service area, please rank them 1,2,3...)*

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

Please list staff who may wish to receive news and/or Affinity Group information. Additional names can be emailed.

Assn't Name or Email _____	CFO/Finance Director _____	Compliance Officer _____
HR Director _____	COO or Similar _____	Other Key Staff _____

Certification:

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

Signature/date _____

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