

## 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)		
EO/ED Email	Office Phone	Cell
CEO/ED Demographics (We are collecting demographics to ensure	our leadership represents our m	embers.)
<b>Gender:</b> Female, Male, Non-Binary, Self-Described_	Age Range: U	nder 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
Self-Described Ethnicity (list)		
Skills: Development/ FundraisingHuman Resources ProgrammaticFinanceLegal PR/Marketing	,	Other
Organizational Service Area (If you provide multiple services,  Aging/Older Adults Disabilities  Animals and/or Environment Disease Awareness a  Arts and Culture Education  Children and Youth Housing	and/or Prevention	Legal and/or Financial Mental Health or Substance Abuse Multi-faceted Human Services Other
New Contacts &/or Emails		
Assistant	Program	
HR	CFO	
COO or Similar	Compliance	
PLEASE UPDATE to show our collective impact Total # Employees	Clients/Participants/Mem	bers # of individuals served annually)

✓	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 Annual Dues Enclosed \$
-----------------------------------

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

PO Box 10547

Rochester NY 14610-0547