



NEW MEMBER APPLICATION

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

Organization _____
(As you would like to be listed)

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

Title _____

Address _____

City, St, Zip _____

Phone _____

CEO/ED email _____

Assn't email/name _____

HR email/name _____

CFO email /name _____

COO email/name _____

Compliance Officer email/name _____

Other staff 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)

___ 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