

# NONPROFIT MEMBERSHIP APPLICATION

## Step 1. Check off appropriate membership dues *(MEMBERSHIP BASED ON CALENDAR YEAR.)*

- |   |   |
|---|---|
| <input type="checkbox"/> Operating Budget under \$50,000: \$60              | <input type="checkbox"/> Operating Budget \$5 million to \$6,999,999: \$535 |
| <input type="checkbox"/> Operating Budget \$50,000 to \$499,999: \$120      | <input type="checkbox"/> Operating Budget \$7 million to \$9,999,999: \$585 |
| <input type="checkbox"/> Operating Budget \$500,000 to \$999,999: \$145     | <input type="checkbox"/> Operating Budget Over \$10 million: \$660          |
| <input type="checkbox"/> Operating Budget \$1 million to \$1,999,999: \$210 | <input type="checkbox"/> For-Profit Corporate Member Dues: \$760            |
| <input type="checkbox"/> Operating Budget \$2 million to \$2,999,999: \$310 | <input type="checkbox"/> Governmental Unit Dues: \$660                      |
| <input type="checkbox"/> Operating Budget \$3 million to \$4,999,999: \$410 | <input type="checkbox"/> Individual/Citizen Member Dues: \$160              |

## Step 2. Tell us who you are.

Organization: \_\_\_\_\_  
 Executive Director/CEO: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (City, State, Zip): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Employee ID #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 County (Located in): \_\_\_\_\_  
 # of: Employees (FTE): \_\_\_\_\_ Board Members: \_\_\_\_\_  
 Year Incorporated: \_\_\_\_\_

Current Operating Budget: \_\_\_\_\_  
 % Budget from Government: \_\_\_\_\_  
 Secondary Staff Contact Name & Title: \_\_\_\_\_  
 Secondary Staff E-mail: \_\_\_\_\_  
 Board President Name: \_\_\_\_\_  
 Board President E-mail: \_\_\_\_\_  
 How did you hear about NYCON?  
 \_\_\_ Another nonprofit \_\_\_ Workshop \_\_\_ Online \_\_\_ Other

Your membership includes a regular e-mail newsletter on events, member benefits and nonprofit news. Please attach a list of other staff and board members who should be receiving this update!

## Step 3. Tell us what you do. *(PLEASE CHOOSE UP TO 4.)*

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Advocacy CASE/CLIENT  | <input type="checkbox"/> Criminal Justice                                 | <input type="checkbox"/> Horticulture                   | <input type="checkbox"/> Planning/Technical Assistance/M.S.O. |
| <input type="checkbox"/> Advocacy POLICY/LOBBYING  | <input type="checkbox"/> Crisis Services                                  | <input type="checkbox"/> Hospice                        | <input type="checkbox"/> Poverty                              |
| <input type="checkbox"/> Aging   | <input type="checkbox"/> Cultural   | <input type="checkbox"/> Hospital                       | <input type="checkbox"/> Recreation/Sports                    |
| <input type="checkbox"/> Animal Welfare  | <input type="checkbox"/> Disabilities                                     | <input type="checkbox"/> Housing EMERGENCY/TRANSITION   | <input type="checkbox"/> Religious                            |
| <input type="checkbox"/> Art   | <input type="checkbox"/> Domestic Violence                                | <input type="checkbox"/> Housing PERMANENT              | <input type="checkbox"/> Residential Care                     |
| <input type="checkbox"/> PERFORMING <input type="checkbox"/> VISUAL <input type="checkbox"/> OTHER | <input type="checkbox"/> Economic Development                             | <input type="checkbox"/> Information & Referral         | <input type="checkbox"/> Self-Help Services                   |
| <input type="checkbox"/> Assisted Living Facility  | <input type="checkbox"/> Education  | <input type="checkbox"/> International Relief/Services  | <input type="checkbox"/> Senior Center                        |
| <input type="checkbox"/> Association   | <input type="checkbox"/> PRIMARY/SECONDARY <input type="checkbox"/> OTHER | <input type="checkbox"/> Legal                          | <input type="checkbox"/> Substance/Alcohol Abuse              |
| <input type="checkbox"/> BUSINESS IMPROVEMENT, CHAMBER, HOMEOWNERS, ETC.                           | <input type="checkbox"/> Employment & Training                            | <input type="checkbox"/> Library                        | <input type="checkbox"/> Trade Association                    |
| <input type="checkbox"/> Association STATE, REGIONAL, ETC.   | <input type="checkbox"/> Environmental                                    | <input type="checkbox"/> Mental Health/Counseling       | <input type="checkbox"/> Volunteer Services                   |
| <input type="checkbox"/> Camp  | <input type="checkbox"/> Family Planning                                  | <input type="checkbox"/> Museum                         | <input type="checkbox"/> Women's Services                     |
| <input type="checkbox"/> Cemetery  | <input type="checkbox"/> Food/Nutritional                                 | <input type="checkbox"/> Neighborhood/Rural Improvement | <input type="checkbox"/> Youth                                |
| <input type="checkbox"/> Child Care DAY/AFTER-SCHOOL   | <input type="checkbox"/> Gay/Lesbian Services/Issues                      |   | <input type="checkbox"/> Zoo                                  |
| <input type="checkbox"/> Child Rights/Social Justice   | <input type="checkbox"/> Grantmaker                                       |   |   |
| <input type="checkbox"/> Child Welfare   | <input type="checkbox"/> Head Start                                       |   |   |
| <input type="checkbox"/> Civic Affairs   | <input type="checkbox"/> Health Prevention/Research                       |   |   |
| <input type="checkbox"/> Clinic MEDICAL OR DENTAL  | <input type="checkbox"/> Historical Society                               |   |   |
| <input type="checkbox"/> Community   | <input type="checkbox"/> HIV/AIDS   |   |   |
| <input type="checkbox"/> ACTION PROGRAM <input type="checkbox"/> CENTER                            | <input type="checkbox"/> Home Health Care                                 |   |   |
| <input type="checkbox"/> EDUCATION   | <input type="checkbox"/> Homelessness                                     |   |   |
| <input type="checkbox"/> County Fair   |   |   |   |
| <input type="checkbox"/> Credit Counseling   |   |   |   |

**JOIN TODAY!**

# NONPROFIT MEMBERSHIP APPLICATION

## Step 4. Tell us what you need.

### GROUP PURCHASING:

- Background Checks
- BJ's Club Membership
- Compensation & Benefit Survey
- Conference Call Services
- Consultation – Insurance Benefits
- Credit Card Processing Program
- Dental Insurance
- Directors & Officers Insurance
- Employee Benefits Consultation
- Flexible Spending Account
- Fund Development Assistance
- General Liability Insurance
- Grant Announcements
- Grant Seeking
- Health Insurance
- Insurance Consultation
- Life Insurance
- Office Supplies Discount
- Payroll Services Discount
- Property/Transportation/Professional Liability
- Statutory Disability
- Supplemental Short/Long-Term Disability
- Technology – Reports, Trainings & Discounts
- Unemployment Program
- Vision Insurance
- Web Conferencing Services

### ORGANIZATIONAL/MANAGEMENT:

- Accounting Software
- Advocacy & Lobbying Education
- Board Candidate Matching Services
- Board Development
- Budget Development
- Budgeting Tool Kit
- Bylaw Review & Drafting
- Cash Flow Tool Kit
- Employee Compensation, Consultation or Evaluation
- Financial Management Assistance
- Fiscal Agent Services
- Fund Development, Review or Assistance
- Incorporation/Certificate Amendment
- IRS forms 990, 990T, CHAR 497, or NYSCFR
- Legal Assistance – General
- Merger Planning & Strategic Alliances
- Nonprofit Revitalization Act Compliance
- Organizational Assessments
- Personnel Policies & Employment Practices
- Proposal Development
- Retreat Planning & Facilitation
- Strategic Planning
- Team Building

### COMMUNITY PLANNING, RESEARCH & EVALUATION:

- Consortium Development or Contract Management
- Focus Group & Survey Research
- Marketing Donor Research
- Needs Assessment
- Program Development Consultation
- Program Evaluation
- Proposal Review & Consultation

All membership applications are subject to approval by the New York Council of Nonprofits, Inc. (NYCON). Membership in NYCON does not indicate, or otherwise imply endorsement or support by NYCON for the operation, mission or activities of any member organization. Members are free to state their membership affiliation with NYCON in annual reports, brochures or proposals as long as the affiliation is not presented in a way that implies endorsement by NYCON of the organization or its activities.

## Step 5. Please return the following with your completed application to NYCON's Main Office: 272 BROADWAY, ALBANY, NEW YORK 12204

- A copy of your current board member list (with addresses and affiliations)
- The appropriate dues amount for the **calendar year**. (membership runs from January 1<sup>st</sup> – December 31<sup>st</sup>)

## Step 6. Please read and sign.

Your Organization Name: \_\_\_\_\_

Supports the mission and objectives of the New York Council of Nonprofits, Inc. (NYCON) a 501(c) nonprofit; agrees to be a voting member of NYCON and cooperate with other members in furthering the purposes and activities of NYCON; and hereby applies for membership on the basis of NYCON's charitable purposes.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_