

Step 1. Check off appropriate Membership Dues based on your Operating Budget.

- | | |
|--|--|
| <input type="checkbox"/> Operating Budget under \$50,000: \$60 | <input type="checkbox"/> Operating Budget \$2 million to \$2,999,999: \$300 |
| <input type="checkbox"/> Operating Budget \$50,000 to \$499,999: \$110 | <input type="checkbox"/> Operating Budget \$3 million to \$4,999,999: \$400 |
| <input type="checkbox"/> Operating Budget \$500,000 to \$999,999: \$135 | <input type="checkbox"/> Operating Budget \$5 million to \$6,999,999: \$525 |
| <input type="checkbox"/> Operating Budget \$1 million to \$1,999,999: \$200 | <input type="checkbox"/> Operating Budget \$7 million to \$9,999,999: \$575 |
| | <input type="checkbox"/> Operating Budget Over \$10 million: \$650 |

Yes, Add a Grantstation.com/ "Grantseeker" Membership for an additional \$75 (See info on flyer included)

Step 2. Please tell us more about you and your nonprofit.

Organization Name: _____

Executive Director/CEO: _____

Address
(City, State, Zip): _____

Phone: _____ Employer ID #: _____

E-mail Address: _____

Website: _____

County (Located in): _____

of Employees (FTE): _____

of Board Members: _____

Year Incorporated: _____

Current Operating Budget: _____

% Budget from Government: _____

Secondary Staff Contact Name & Title: _____

Secondary Staff Email: _____

Board President Name: _____

Board President Email: _____

**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. Please tell us what you do. (Please choose up to FOUR categories.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Advocacy (Case/Client) | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Housing (Emergency/Transition) |
| <input type="checkbox"/> Advocacy (Policy/Lobbying) | <input type="checkbox"/> Crisis Services | <input type="checkbox"/> Housing (Permanent) |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Cultural | <input type="checkbox"/> Information & Referral |
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Disabilities | <input type="checkbox"/> International Relief/Services |
| <input type="checkbox"/> Art (Performing) | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Art (Visual) | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Library |
| <input type="checkbox"/> Art (Other) | <input type="checkbox"/> Education (Primary/Secondary) | <input type="checkbox"/> Mental Health/Counseling |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Education (Other) | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Association (Business Improvement, Chamber, Homeowners, etc.) | <input type="checkbox"/> Employment & Training | <input type="checkbox"/> Neighborhood/Rural Improvement |
| <input type="checkbox"/> Association (State, Regional, etc.) | <input type="checkbox"/> Environmental | <input type="checkbox"/> Planning/Technical Assistance/M.S.O. |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Food/Nutritional | <input type="checkbox"/> Recreation/Sports |
| <input type="checkbox"/> Child Care (Day/After-School) | <input type="checkbox"/> Gay/Lesbian Services/Issues | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Child Rights/Social Justice | <input type="checkbox"/> Grantmaker | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Head Start | <input type="checkbox"/> Self-Help Services |
| <input type="checkbox"/> Civic Affairs | <input type="checkbox"/> Health Prevention/Research | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Clinic (Medical or Dental) | <input type="checkbox"/> Historical Society | <input type="checkbox"/> Substance/Alcohol Abuse |
| <input type="checkbox"/> Community Action Program | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Trade Association |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Volunteer Services |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> County Fair | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Credit Counseling | <input type="checkbox"/> Hospice | <input type="checkbox"/> Zoo |
| | <input type="checkbox"/> Hospital | |

NYCON
(Main Office)

MENANDS
272 Broadway
Albany, NY 12204
1.800.515.5012(p)
518.434.0392 (f)

REGIONAL OFFICES

CENTRAL NEW YORK
302 Bugbee Hall,
State Street
SUNY Oneonta
Oneonta, NY 13820

MID-HUDSON VALLEY
205 South Ave.,
Suite 101
Poughkeepsie, NY
12601

WESTERN NY
75 College Avenue
Rochester, NY
14607



www.nycon.org

Step 4. Tell us what you need! (Choose as many as you would like.)

Group Purchasing Options

- Background Checks
- BJ's Membership
- Chronicle of Philanthropy
- Conference Call Services
- Credit Card Processing
- Color Printing Machine Program
- Dental Insurance
- Directors & Officers Liability Insurance
- Flexible Spending Accounts
- Fund Development/Donor Mgmt Software
- Grantstation.com Membership
- Health Insurance
- Insurance Benefits Consultation
- Life Insurance
- Office Supplies
- Organizational & Professional Liability
- Payroll Services
- Retirement Benefits
- Statutory Disability Benefits
- Supplemental Short/Long-Term Disability
- Technology Solutions (NTEN & Network for Good)
- Unemployment Program
- Vision Insurance
- Web & Conferencing

Resources & Consulting

- Accounting Software
- Advocacy & Lobbying issues
- Board Development
- Budget Development
- Budget & Cash flow Toolkit Templates
- Bylaw Drafting or Review
- Development Review
- Employee Compensation Consultation or Evaluation
- Financial Management Assistance
- Fiscal Agent Services
- Fund Development (General)
- Incorporation/Certificate Amendment
- IRS forms 990, 990T, CHAR 497, or NYSCFR
- Legal Assistance
- Marketing/Communications/Social Media Assistance
- Merger Planning/Strategic Alliances
- Nonprofit Revitalization Act Compliance Assistance
- Personnel Policies & Employment Practices
- Organizational Assessment
- Proposal Development
- Retreat Planning & Facilitation
- Strategic Planning
- Team Building (staff and/or board)

Community Planning Services

- 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 the 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 the NYCON Main Office in Menands, NY.

- A copy of your current **board member list** (with addresses & affiliations)
- The appropriate **dues amount for the calendar year.**
Please make checks payable to "NYCON."

Please Read & Sign

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 cooperative with other members in furthering the purposes and activities of NYCON; and hereby applies for membership on the basis of NYCON charitable purposes.

Authorized Signature:

Title:



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THE NEW YORK COUNCIL OF NONPROFITS, INC.

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