



STEP 1
Tell Us About Yourself

Primary Contact

NAME

TITLE

EMAIL ADDRESS

PHONE NUMBER

Organization Details

ORGANIZATION NAME

ADDRESS (BILLING)

CITY STATE ZIP

CONGRESSIONAL DISTRICT (#)

PHONE NUMBER

EMAIL ADDRESS

WEBSITE

SOCIAL MEDIA HANDLE(S)

CURRENT OPERATING BUDGET

EMPLOYER ID # (EIN)

NUMBER OF EMPLOYEES (FTE)

NUMBER OF BOARD MEMBERS

YEAR INCORPORATED

PERCENT OF BUDGET FROM GOVERNMENT

Circle your organization's primary service area

- Animals
- Arts & Culture
- Community Development
- Education
- Environment
- Health
- Human & Civil Rights
- Human Services
- International
- Religion
- Research & Public Policy
- Other

STEP 2
Choose Your Organization's Budget

Check one. Dues are based on a sliding scale.

	Budget	Dues
<input type="radio"/>	Under \$25, 000	\$60.00
<input type="radio"/>	\$25,000 to \$50,000	\$80.00
<input type="radio"/>	\$50,000 to \$500,000	\$130.00
<input type="radio"/>	\$500,000 to \$1 Million	\$160.00
<input type="radio"/>	\$1 Million to \$2 Million	\$225.00
<input type="radio"/>	\$2 Million to \$3 Million	\$325.00
<input type="radio"/>	\$3 Million to \$5 Million	\$425.00
<input type="radio"/>	\$5 Million to \$7 Million	\$550.00
<input type="radio"/>	\$7 Million to \$10 Million	\$600.00
<input type="radio"/>	\$10 Million+	\$700.00

STEP 4
Signature

Our organization, as listed on this form, 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 cooperates 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

Need assistance?

Scan this QR code to submit a request and we will connect you with an expert who can help or visit: nycon.org/services/get-assistance

Contact the membership office: membership@nycon.org
(800) 515-5012 x126

