

FREE 2010 Nonprofit Membership Application

for Federation of Protestant Welfare Agencies Members and Group Purchasing Partners

FREE to Members & Group Purchasing Partners of the Federation of Protestant Welfare Agencies



www.nycon.org

THE NEW YORK COUNCIL OF NONPROFITS, INC.

NYCON *(Main Office)*

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

REGIONAL OFFICES

BUFFALO
Ellicott Square Building
295 Main Street
Buffalo, NY
(716) 241-5010 (p)

NEW YORK CITY
305 Seventh Avenue
(27th Street)
New York, NY 10001
212.924.6744 (p)

ONEONTA
224 Alumni Hall, SUNY
Oneonta
Oneonta, NY 13820
607.436.3124 (p)
604.436.2760 (f)

POUGHKEEPSIE
85 Cannon Street
Poughkeepsie, NY
12601
845.454.5062 (p)
845.454.6032 (f)

Step 1. Check off appropriate Membership Dues

- | | |
|--|--|
| <input type="checkbox"/> Operating Budget under \$50,000: \$60 | <input type="checkbox"/> Operating Budget \$3 million to \$4,999,999: \$260 |
| <input type="checkbox"/> Operating Budget \$50,000 to \$499,999: \$110 | <input type="checkbox"/> Operating Budget \$5 million to \$6,999,999: \$360 |
| <input type="checkbox"/> Operating Budget \$500,000 to \$999,999: \$135 | <input type="checkbox"/> Operating Budget \$7 million to \$9,999,999: \$410 |
| <input type="checkbox"/> Operating Budget \$1 million to \$1,999,999: \$160 | <input type="checkbox"/> Operating Budget Over \$10 million: \$460 |
| <input type="checkbox"/> Operating Budget \$2 million to \$2,999,999: \$210 | |

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): _____

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. Tell us what you do.

- | | | |
|--|--|---|
| <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 Counseling0 | <input type="checkbox"/> Hospice | <input type="checkbox"/> Zoo |
| | <input type="checkbox"/> Hospital | |

Step 4. Tell us what you need!

Group Purchasing

- BJ's Membership
- Chronicle of Philanthropy
- Conference Call Services
- Composite Bonding Program (Capitol Improvements)
- Consultation-Insurance Benefits
- Dental Insurance
- Directors & Officers Liability Insurance
- Discount Software/Hardware
- Discount Vision Care
- e-Learning Coursework
- Fund Development/Donor Mgmt Software
- Health Insurance
- Life Insurance
- Payroll Services
- Property/General/Transportation/ Professional Liability
- Retirement Benefits
- Staples Office Supplies
- Statutory Disability Benefits
- Stanford Social Innovative Review
- Supplemental Short/Long-Term Disability
- Technology – Idealware
- Technology - NTEN
- Unemployment Program

Organizational/Management

- Assistance & Training
- Accounting Software
- Advocacy & Lobbying issues
- Board Development
- Budget Development
- By-laws
- Development Review
- Employee Compensation Consultation or Evaluation
- Financial Management Assistance
- Fiscal Agent Services
- Fund Development (Capital Campaigns)
- Fund Development (General)
- Incorporation/Certificate Amendment
- IRS forms 990, 990T, CHAR 497, or NYSCFR
- Legal Assistance
- Merger Planning/Strategic Alliances
- Personnel Policies & Employment Practices
- Proposal Development
- Retreat Planning & Facilitation
- Strategic Planning
- Team Building (staff and/or board)
- Training Series Schedule

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 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.



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Step 5. Please return the following with your completed application to the NYCON Main Office in Albany, NY.

- A copy of your current **board member list** (with addresses & affiliations)
- A copy of your current **by-laws**
- The appropriate **dues** amount for the calendar year. **Free!**

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: