



NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

734 15th Street NW - Suite 700 | Washington, DC 20005-1013
tel.202.637.0470 | fax.202.637.0471 | toll free 888.TRY.NCDC (879.6232)
www.ncdc.org

Active Membership Application

Organization Information

What year was your organization founded? _____

On which page of the Official Catholic Directory can your organization be found? _____

Please print all information as it should appear in the Membership Directory.

ORGANIZATION _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

WEB ADDRESS _____ **ORGANIZATION E-MAIL** _____

Please check the ONE category that best describes your organization:

- Arch/Diocese
- Broadcasting/Publishing
- Educational Institution
- Healthcare Institution
- Religious Institute of Men
- Religious Institute of Women
- Shrine
- Social Service (Domestic)
- Social Service (International)

Fundraising methods your organization is currently using or has used in the past (check all that apply):

- Annual Fund Drive
- Annual Report
- Broadcasting: Radio/TV/Cable
- Capital Campaigns
- Catalog
- Direct Mail: Acquisitions
- Direct Mail: Emergency Appeal
- Direct Mail: Giving Clubs
- Direct Mail: Mass/spiritual enrollments
- Direct Mail: Newsletter
- Direct Mail: Other _____
- Direct Marketing
- Email Solicitations
- Endowments
- Foundations/Grants
- Gift Shop
- Major Gifts Program
- Midlevel Gifts Program
- Multilingual Appeals
- Planned Giving: Annuities
- Planned Giving: Bequests/Wills
- Planned Giving: Trusts
- Social Networking
- Special Events
- Telemarketing
- Website Donations
- Other: _____

Your organization's current ministries (select up to FIVE):

- Addiction
- Advocacy
- Campus Ministry
- Children
- Cottage Ministry
- Counseling
- Disaster Relief
- Elderly Care
- Evangelization
- Homebound Care
- Hospice Care
- Housing/Shelters
- Men in Need
- Missionary (Domestic)
- Missionary (International)
- Outreach/Pantries/Kitchen/Clothing
- Pastoral Care
- Physically/Mentally Challenged
- Pilgrimages
- Prayer
- Prison Ministry
- Retreats/Spirituality Center
- Volunteer Service
- Women in Need
- Youth/Young Adult

Mission statement of your organization (Please limit to 50 words. Longer statements may be edited for publication):

(over)

Representative Information

Accredited (Voting) Representative

PRENAME FIRST MI LAST SUFFIX
TITLE E-MAIL

Additional members can be added by signing into www.ncdc.org.

Dues

Annual dues are based on "Gross Philanthropic Income," which is comprised of the funds raised annually by the development office of your organization or institution. A complete definition is available on our website, www.ncdc.org or by calling 888-TRY-NCDC.

The Gross Philanthropic Income (GPI) for my organization's past year was:	Gross Philanthropic Income	Annual Dues (Check One)
\$	More than \$15,000,000	<input type="checkbox"/> \$4,840
	\$10,000,000 - \$14,999,999	<input type="checkbox"/> \$4,290
	\$5,000,000 - \$9,999,999	<input type="checkbox"/> \$3,740
	\$3,000,000 - \$4,999,999	<input type="checkbox"/> \$3,190
*Small Fundraising Office Membership Program Nonprofits with a GPI of less than \$100,000 applying for either Active or Associate membership can enroll in a program at a reduced rate of \$660 for two years. <input type="checkbox"/> My organization would like to apply (please include GPI above)	\$2,000,000 - \$2,999,999	<input type="checkbox"/> \$2,640
	\$1,000,000 - \$1,999,999	<input type="checkbox"/> \$2,200
	\$500,000 - \$999,999	<input type="checkbox"/> \$1,760
	\$250,000 - \$499,999	<input type="checkbox"/> \$1,210
	Less than \$250,000	<input type="checkbox"/> \$880

Payment

Check Enclosed Visa MasterCard American Express Discover

CARD NUMBER SECURITY CODE EXP DATE

NAME ON CARD (PRINT) SIGNATURE

Accountability

NCDC receives more and more inquiries about the integrity of our member organizations. Through your membership and by signing this commitment, we are able to attest to your pledge to ethical fundraising.

As an Active Member, you agree that your organization/institution will adhere to the **NCDC Code of Stewardship and Ethics** and support the **Donor Bill of Rights**. These documents can be found on our website at www.ncdc.org.

In addition, you agree to send to the NCDC office one copy of your "Statement of Accountability" annually. This is the report that you provide to your contributors/donors in response to their inquiries. The NCDC office will provide any assistance it can to help assure that such a statement is available. Please enclose your Statement with your application.

By my signature below, I certify the accuracy of my organization's gross philanthropic income to the best of my knowledge. In addition, my organization agrees to adhere to the **NCDC Code of Stewardship and Ethics** and support the **Donor Bill of Rights**.

ACCREDITED REPRESENTATIVE SIGNATURE DATE

Source

How did you hear about NCDC? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Attended NCDC Program/Conference | <i>Advertisement</i> | <input type="checkbox"/> Current NCDC Member or Corporate Partner |
| <input type="checkbox"/> NCDC Newsletter/Blog | <input type="checkbox"/> The Official Catholic Directory | (please list) _____ |
| <input type="checkbox"/> NCDC Website | <input type="checkbox"/> The NonProfit Times | <input type="checkbox"/> Other |
| <input type="checkbox"/> General Internet Search | | (please list) _____ |
| <input type="checkbox"/> Affiliated Organization
(LCWR, CMSM, RCRI, etc.) | | |