



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

Associate & Affiliate Membership Application

Organization Information

- Associate Member Affiliate Member (available only to Catholic Charities agencies and parishes of NCDC Diocesan members)

What year was your organization founded? _____

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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Arch/Diocese/Parish | <input type="checkbox"/> Healthcare Institution | <input type="checkbox"/> Shrine |
| <input type="checkbox"/> Broadcasting/Publishing | <input type="checkbox"/> Religious Institute of Men | <input type="checkbox"/> Social Service (Domestic) |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Religious Institute of Women | <input type="checkbox"/> Social Service (International) |

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

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

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

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

Mission Statement (Please limit to 500 characters. 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 for Associate Members 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 \$2,000,000
	\$1,000,000 - \$1,999,999	<input type="checkbox"/> \$1,320
	\$500,000 - \$999,999	<input type="checkbox"/> \$880
	Less than \$500,000	<input type="checkbox"/> \$550
Affiliate Member Rate (Catholic Charities agencies and parishes of NCDC Diocesan Members)	Affiliate Membership	<input type="checkbox"/> \$440

*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.

My organization would like to apply (please include GPI above)

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 Associate/Affiliate 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 | <input type="checkbox"/> Advertisement | <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.) | | |