Join Us: Become a Member

At Nonprofit New York, our mission is to strengthen and unite New York’s nonprofits—relentlessly building a healthy, unified, and powerful nonprofit community. We believe that healthy nonprofits are better equipped to fulfill their mission. And healthy nonprofits united in solidarity are an unstoppable force for good.

Please check the applicable membership level.

☐ 501(c)(3) Organization Member

All 501(c)(3), non grant-making, nonprofit organizations located in the New York metropolitan area (including New York City, Long Island and Westchester) are welcome to join Nonprofit New York. Annual dues are based upon the organization’s current operating budget:

<table>
<thead>
<tr>
<th>Current Operating Budget</th>
<th>Annual Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $124,999</td>
<td>$45</td>
</tr>
<tr>
<td>$125,000 - $249,999</td>
<td>$125</td>
</tr>
<tr>
<td>$250,000 - $499,999</td>
<td>$300</td>
</tr>
<tr>
<td>$500,000 - $749,999</td>
<td>$425</td>
</tr>
<tr>
<td>$750,000 - $999,999</td>
<td>$550</td>
</tr>
<tr>
<td>$1,000,000 - $4,999,999</td>
<td>$775</td>
</tr>
<tr>
<td>$5,000,000 - $9,999,999</td>
<td>$1,350</td>
</tr>
<tr>
<td>Over $10,000,000</td>
<td>$1,700</td>
</tr>
</tbody>
</table>

☐ Philanthropy

All grant-making foundations located in the New York metropolitan area (including New York City, Long Island and Westchester) are welcome to join Nonprofit New York.

☐ Grant-maker ........................................... $2,000
☐ Sustainer .............................................. $4,000

☐ Business

All businesses located in the New York metropolitan area (including New York City, Long Island and Westchester) are welcome to join Nonprofit New York.

☐ Professional ........................................... $500
☐ Corporate .............................................. $2,000
☐ Sustainer .............................................. $3,500

☐ Student Member ........................................ $15

Students enrolled in nonprofit graduate programs are welcome to join. This membership entitles you to receive our monthly newsletter and attend our annual meeting. A photocopy of a current, valid academic identification card must accompany your enrollment form.
Nonprofit New York Enrollment Form

Name of Organization: ________________________________________________

EIN/Corporate ID #: ________________________________________________

Address: ____________________________________________________________________________________________________

City, State, Zip+4: __________________________________________________________________________________________________

Main phone number: ___________________ Website: ______________________________

Primary Contact Person: __________________________________________________________________________________________________

Title: __________________________________________________________________________________________________

Phone: ___________________________ Email: ________________________________

Billing Contact Name: __________________________________________________________________________________________________

Title: ___________________ Phone: ___________________ Email: ________________________________

Board Contact Name: __________________________________________________________________________________________________

Title: ___________________ Phone: ___________________ Email: ________________________________

Human Resource Contact Name: ______________________________________________________________________________________

Title: ___________________ Phone: ___________________ Email: ________________________________

# of Full-Time Employees: _____   # of Part-Time Employees: _____   # of Volunteers: ______

What is your primary area of programmatic activity or interest? (Check only one)

☐ Arts, Culture & Humanities   ☐ Human Services
☐ Community Improvement   ☐ International or Foreign Affairs
☐ Education   ☐ Philanthropy, Grant-making
☐ Environment or Animals   ☐ Religion Related
☐ Health   ☐ Other: ______________________________

How did you hear about Nonprofit New York? ____________________________________________________________________________

Return the completed application with:

☐ a check payable to Nonprofit Coordinating Committee of New York
☐ a copy of your organization's IRS 501(c)(3) Determination Letter (not your NYS Tax Exempt Certificate) if joining as a 501(c)(3) member

Mail completed application and payment to:
Nonprofit New York, 320 East 43rd Street, Third Floor, New York, NY 10017

If you have any questions about membership or this application, contact us at 212-502-4191 or helpline@nonprofitnewyork.org.