

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:

Current Operating Budget	Annual Dues
<input type="checkbox"/> \$0 - \$124,999	\$45
<input type="checkbox"/> \$125,000 - \$249,999	\$125
<input type="checkbox"/> \$250,000 - \$499,999	\$300
<input type="checkbox"/> \$500,000 - \$749,999	\$425
<input type="checkbox"/> \$750,000 - \$999,999	\$550
<input type="checkbox"/> \$1,000,000 - \$4,999,999	\$775
<input type="checkbox"/> \$5,000,000 - \$9,999,999	\$1,350
<input type="checkbox"/> Over \$10,000,000	\$1,700

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)**

- | | |
|---|---|
| <input type="checkbox"/> Arts, Culture & Humanities | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Community Improvement | <input type="checkbox"/> International or Foreign Affairs |
| <input type="checkbox"/> Education | <input type="checkbox"/> Philanthropy, Grant-making |
| <input type="checkbox"/> Environment or Animals | <input type="checkbox"/> Religion Related |
| <input type="checkbox"/> Health | <input type="checkbox"/> 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.