



PRIMARY CONTACT FOR MEMBERSHIP: *Please indicate any changes below & fill in the blank information requested.*

Organization Name:	
Primary Contact for Membership:	Title:
Email:	Phone:

CEO, PRESIDENT OR EXECUTIVE DIRECTOR:

Name:	Title:
Email:	Phone:
Address:	Years in Position: _____
Website:	Years in Nonprofit: _____

MEMBERSHIP DUES:

<p>Membership Dues are determined by your Annual Revenue. Enter your Annual Revenue from most recent IRS Form 990 (line 12) or 990EZ:</p> <p>\$ _____</p> <p>Based on the amount you listed above – select dues level ></p>	<p>Select Membership Dues Below:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td>Annual Revenue</td> <td>Dues</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Up to \$250,000.....</td> <td>\$180</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$250,001-\$500,000.....</td> <td>\$220</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$500,001-\$2,000,000.....</td> <td>\$300</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$2,000,001-\$5,000,000.....</td> <td>\$500</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$5,000,001 +.....</td> <td>\$640</td> </tr> </table>	<input checked="" type="checkbox"/>	Annual Revenue	Dues	<input type="checkbox"/>	Up to \$250,000.....	\$180	<input type="checkbox"/>	\$250,001-\$500,000.....	\$220	<input type="checkbox"/>	\$500,001-\$2,000,000.....	\$300	<input type="checkbox"/>	\$2,000,001-\$5,000,000.....	\$500	<input type="checkbox"/>	\$5,000,001 +.....	\$640
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ABOUT THE ORGANIZATION:

Type of Organization:	<input type="checkbox"/> Community Development	<input type="checkbox"/> Employment	<input type="checkbox"/> Medical Research
<input type="checkbox"/> Advocacy (Case/Client)	<input type="checkbox"/> Criminal Justice & Legal	<input type="checkbox"/> Environmental	<input type="checkbox"/> Mental Health/Crisis Intervention
<input type="checkbox"/> Aging	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Health	<input type="checkbox"/> Philanthropic
<input type="checkbox"/> Alcohol & Drug Treatment	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Public Safety
<input type="checkbox"/> Animal-related	<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Housing	<input type="checkbox"/> Religious
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Human Services	<input type="checkbox"/> Social Justice
<input type="checkbox"/> Children & Youth	<input type="checkbox"/> Education	<input type="checkbox"/> Literacy	<input type="checkbox"/> Other: _____
# of Employees: Full Time: _____ Part Time: _____			

STAFF: Your organization may include additional staff to receive communications such as training opportunities and our newsletter.

ADDITIONAL STAFF	EMAIL ADDRESS	TITLE

Please feel free to indicate additional names on a separate sheet and attach.

Remit your dues with this form by December 31 and make check payable to: Leadership Council
 4010 Executive Park Drive, Suite 100
 Cincinnati, OH 45241