



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:	
Website:	Years in Nonprofit: _____ Years in Position: _____

MEMBERSHIP DUES:

Membership Dues are determined by your Annual Revenue.
Enter your Annual Revenue from most recent IRS Form 990 (line 12) or 990EZ:
 \$ _____ *Required Field
Based on the amount you listed above – select dues level ➤

Select Membership Dues Below:	
<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

ABOUT THE ORGANIZATION: (select one)

Type of Organization:

<input type="checkbox"/> Advocacy (Case/Client)	<input type="checkbox"/> Community Development	<input type="checkbox"/> Employment	<input type="checkbox"/> Medical Research
<input type="checkbox"/> Aging	<input type="checkbox"/> Criminal Justice & Legal	<input type="checkbox"/> Environmental	<input type="checkbox"/> Mental Health/Crisis Intervention
<input type="checkbox"/> Alcohol & Drug Treatment	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Health	<input type="checkbox"/> Philanthropic
<input type="checkbox"/> Animal-related	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Public Safety
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Housing	<input type="checkbox"/> Religious
<input type="checkbox"/> Children & Youth	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Human Services	<input type="checkbox"/> Social Justice
	<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.
Please indicate any changes or additions below:

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