



PRIMARY CONTACT FOR MEMBERSHIP:

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

CEO, PRESIDENT OR EXECUTIVE DIRECTOR: (can be same as above)

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

MEMBERSHIP DUES:

Membership Dues are determined by your Annual Revenue.
Enter your Annual Revenue from most recent IRS Form 990 (line 12) or 990EZ:
 \$ _____

Based on the amount you listed above - select dues ➤

Note: Dues for NEW members are half off for the first year.
 The fee schedule reflects 50% of normal dues.

Select Membership Dues Below:

<input checked="" type="checkbox"/>	Annual Revenue	Dues
<input type="checkbox"/>	Up to \$250,000.....	\$90
<input type="checkbox"/>	\$250,001-\$500,000.....	\$110
<input type="checkbox"/>	\$500,001-\$2,000,000.....	\$150
<input type="checkbox"/>	\$2,000,001-\$5,000,000.....	\$250
<input type="checkbox"/>	\$5,000,001+.....	\$320

How did you hear about Leadership Council?

ABOUT THE ORGANIZATION:

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:

EIN # **# of Employees: Full Time:** **Part Time:**

STAFF: Your organization may include additional staff to receive communications such as training opportunities and our newsletter. Please list any staff you would like to receive Leadership Council communications.

STAFF CONTACTS	TITLE	EMAIL ADDRESS

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

Return completed form with payment.
Make check payable to:
 Leadership Council
 4010 Executive Park Drive, Suite 100
 Cincinnati, OH 45241

Questions?? Contact:
 513-554-3060 | administration@leadershipcouncil.us