



NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

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www.ncdc.org

2019 ACTIVE MEMBERSHIP RENEWAL FORM

Please return by December 31, 2018

Organization: _____

City, State: _____

Membership Dues			
		Gross Philanthropic Income	Annual Dues
<p>Annual dues are based on Gross Philanthropic Income (GPI), the funds raised annually by your organization's Development Office. For a complete definition, visit our website at ncdc.org.</p> <p>My organization's Gross Philanthropic Income (GPI) for the past year was:</p> <p>\$ _____</p> <p>Please use the table to the right to find your organization's annual membership dues.</p>	<input type="checkbox"/>	More than \$15,000,000	\$5,080
	<input type="checkbox"/>	\$10,000,000 - \$14,999,999	\$4,500
	<input type="checkbox"/>	\$5,000,000 - \$9,999,999	\$3,930
	<input type="checkbox"/>	\$3,000,000 - \$4,999,999	\$3,350
	<input type="checkbox"/>	\$2,000,000 - \$2,999,999	\$2,770
	<input type="checkbox"/>	\$1,000,000 - \$1,999,999	\$2,310
	<input type="checkbox"/>	\$500,000 - \$999,999	\$1,850
	<input type="checkbox"/>	\$250,000 - \$499,999	\$1,270
	<input type="checkbox"/>	Less than \$250,000	\$920

Accountability Information
<p>Active member organizations/institutions agree to:</p> <ul style="list-style-type: none"> Adhere to the NCDC Code of Stewardship and Ethics (available online at ncdc.org/become-a-member) Support the Donor Bill of Rights (available online at ncdc.org/become-a-member) Send a copy of your Statement of Accountability to the NCDC office annually (the report you send to donors/contributors in response to their inquiries; NCDC will provide assistance to help assure that such a statement is available) <p style="text-align: center;">(over)</p>

To renew online, visit ncdc.org & log in to your account

Accountability Agreement

My organization's **Statement of Accountability** is enclosed.

By my signature below, I certify the accuracy of this form to the best of my knowledge and my organization agrees to adhere to the previously mentioned documents to the best of our ability.

Name of Accredited Representative (PRINT) _____

Signature of Accredited Representative _____ Date _____

Payment Information

Check Enclosed

Visa Mastercard American Express Discover

Card # _____ Exp. Date ____ / ____ CVV _____

Name of Cardholder _____

Billing Address _____

City _____ State _____ Zip _____

Signature of Cardholder _____

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