



NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

734 15th Street NW - Suite 700 | Washington, DC 20005-1013
tel.202.637.0470 | fax.202.637.0471 | toll free 888.TRY.NCDC (879.6232)
www.ncdc.org

2019 ASSOCIATE MEMBERSHIP RENEWAL FORM

Please return by December 31, 2018

Organization: _____

City, State: _____

Membership Dues			
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 . My organization's Gross Philanthropic Income (GPI) for the past year was: \$ _____ Please use the table to the right to find your organization's annual membership dues.	<input type="checkbox"/>	Gross Philanthropic Income More than \$2 million	Annual Dues \$2,020
	<input type="checkbox"/>	\$1,000,000 - \$1,999,999	\$1,470
	<input type="checkbox"/>	\$500,000 - \$999,999	\$1,000
	<input type="checkbox"/>	Less than \$500,000	\$750

Accountability Information

Associate member organizations/institutions agree to:

- 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)

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 above-mentioned documents to the best of our ability.

Name of Accredited Representative (PRINT) _____

Signature of Accredited Representative _____ Date _____

(over)

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



NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

734 15th Street NW - Suite 700 | Washington, DC 20005-1013
tel.202.637.0470 | fax.202.637.0471 | toll free 888.TRY.NCDC (879.6232)

www.ncdc.org

Payment Information

Check Enclosed

Visa Mastercard American Express Discover

Card # _____ Exp. Date ___ / ___ CVV _____

Name of Cardholder _____

Billing Address _____

City _____ State _____ Zip _____

Signature of Cardholder _____

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