



# NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

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[www.ncdc.org](http://www.ncdc.org)

## 2018 ACTIVE MEMBERSHIP RENEWAL FORM

Please return by December 31, 2017

Organization: \_\_\_\_\_

City, State: \_\_\_\_\_

Membership Dues			
		Gross Philanthropic Income	Annual Dues
Annual dues are based on <b>Gross Philanthropic Income (GPI)</b> , the funds raised annually by your organization's Development Office. For a complete definition, visit our website at <a href="http://ncdc.org">ncdc.org</a> .  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"/>	More than \$15,000,000	\$4,840
	<input type="checkbox"/>	\$10,000,000 - \$14,999,999	\$4,290
	<input type="checkbox"/>	\$5,000,000 - \$9,999,999	\$3,740
	<input type="checkbox"/>	\$3,000,000 - \$4,999,999	\$3,190
	<input type="checkbox"/>	\$2,000,000 - \$2,999,999	\$2,640
	<input type="checkbox"/>	\$1,000,000 - \$1,999,999	\$2,200
	<input type="checkbox"/>	\$500,000 - \$999,999	\$1,760
	<input type="checkbox"/>	\$250,000 - \$499,999	\$1,210
	<input type="checkbox"/>	Less than \$250,000	\$880

Accountability Information
Active member organizations/institutions agree to: <ul style="list-style-type: none"> <li>Adhere to the <b>NCDC Code of Stewardship and Ethics</b> (available online at <a href="http://ncdc.org">ncdc.org</a>)</li> <li>Support the <b>Donor Bill of Rights</b> (available online at <a href="http://ncdc.org">ncdc.org</a>)</li> <li>Send a copy of your <b>Statement of Accountability</b> 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)</li> </ul> <p style="text-align: center;"><i>(over)</i></p>

To renew online, visit [ncdc.org](http://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 above-mentioned documents to the best of our ability.

Name of Accredited Representative (PRINT) \_\_\_\_\_

Signature of Accredited Representative \_\_\_\_\_ Date \_\_\_\_\_

## Annual Fund

My organization would like to contribute

\$ \_\_\_\_\_

to the NCDC Annual Fund.

## 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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