



# NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

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

## 2018 ASSOCIATE MEMBERSHIP RENEWAL FORM

Please return by December 31, 2017

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

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

Membership Dues			
<p>Annual dues are based on <b>Gross Philanthropic Income</b> (GPI), 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>.</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"/>	<b>Gross Philanthropic Income</b>	<b>Annual Dues</b>
	<input type="checkbox"/>	More than \$2 million	\$1,870
	<input type="checkbox"/>	\$1,000,000 - \$1,999,999	\$1,320
	<input type="checkbox"/>	\$500,000 - \$999,999	\$880
	<input type="checkbox"/>	Less than \$500,000	\$550

**Accountability Information**

Associate member organizations/institutions agree to:

- Adhere to the **NCDC Code of Stewardship and Ethics** (available online at [ncdc.org](http://ncdc.org))
- Support the **Donor Bill of Rights** (available online at [ncdc.org](http://ncdc.org))

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 \_\_\_\_\_

To renew online, visit [ncdc.org](http://ncdc.org) & log in to your account

### 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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