



Membership Application

Introduction: Community Works of New York State, Inc. is a private, not for profit development federation organized under the laws of New York State. Its purpose is to act as a fundraising arm for its members and to secure funding through workplace campaigns. As a federation, Community Works of New York State, Inc. is only as strong as its membership. To be eligible for membership in Community Works of New York State, Inc., an organization must demonstrate that it is a health, welfare or social change organization, which addresses human needs. Eligible organizations must be engaged in one or more of the following activities: education; advocacy; provide services, benefits or conduct direct assistance; programs or activities for social needs.

Successful completion of the application and approval by the Board of Directors of Community Works of New York State, Inc. enables the new member to participate in all Community Works of New York State, Inc. workplace giving campaigns and become part of the Community Works of New York State, Inc. . New York State Employee Federated Appeal, the Combined Federal Campaign. Timely inclusion in these campaigns is dependent upon the actual date of approval. Agencies wishing to have their organization participate in the fall campaigns are encouraged to submit their completed application with the required documents no later than **January 31st** applications received after that may miss participation in some or all campaign for that year.

Instructions: Please fill out and submit the Member Application and provide the required documents. Incomplete applications cannot be processed. Email application to cwnys@hotmail.com, or mail to:
Community Works of NYS 518-765-2005
PO Box 161
Latham, NY 12110-0161

Membership Application Checklist *(For new members)*

Required enclosures/attachments

- Completed and **signed** Membership Application
- Completed Fiduciary Agent letter (on your agency letterhead)
- IRS Tax exempt determination letter
- Most recent audited financial statement or accountant review. If your budget exempts you from needing a 3rd party audit, send the most recent Board approved financial statement.
- Most recent IRS form 990 or 990EZ and attachments plus the CHAR 500
- Most recent annual report or accounting of your annual accomplishments
- A list of your board of directors including their affiliations
- A check for your first year dues (see dues schedule) made out to Community Works of NYS
- brochure (or other marketing material) OPTIONAL



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Agency Name: _____

Authorized Agency Representative Name: _____

Authorized Agency Representative Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

National affiliation: _____

Alternative Agency Contact Name: _____

Alternative Agency Contact Phone: _____

Applicant Agency Profile: Year Founded: _____ Year Incorporated: _____

FTE employees: _____ # Volunteers: _____ # Board members: _____

When are board meetings held? _____

Annual Operating Budget: \$ _____ Fiscal Year: Begins _____ Ends _____

Service/Activity statistics: (for most recent year avail) # served, services provided, successful advocacy initiatives undertaken with related positive outcomes (attach additional sheet if needed)

Current Workplace Campaign Activity: Does your agency/organization currently participant in the NYS State Employee Federated Appeal (SEFA)? Yes No

If yes, since when? _____ (year). How much did your agency/organization receive from the most recent SEFA campaign? \$ _____



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Certifications: As a condition of eligibility, an applicant organization must certify that it meets all the following New York State criteria. Please initial each paragraph and fill in the blanks in the space provided to attest to the truthfulness and accuracy of the statement.

New York State Requirements:

1. ____ The organization is registered with the New York State Department of State, Office of Charities Registration. Please indicate date registered ____
2. ____ Attached is a copy of the most recent annual report to the Department of State including the tax forms required by that Department.
3. ____ On behalf of the applicant, I hereby affirm that the organization operated without discrimination on account of race, religion, disability, gender identity, transgender status, sexual orientation, or national origin in regards to persons it serves.
4. ____ On behalf of the applicant, I hereby affirm that this organization operates in compliance with all requirements of law and applicable regulation regarding non-discrimination and equal employment opportunity concerning its officers, staff, employees, and any volunteers.

Community Works Campaign Brochure Statement: Below please write a statement of **25 words** or less describing your agency’s program, followed by the local and toll-free phone numbers and, where appropriate, website you want the public to use to contact you. This statement will be used in the brochure distributed to potential donors. It is your “advertisement” and an opportunity to state your case as strongly as possible. Don’t restate your agency name, as your name will appear adjacent to your statement in the brochure.

Our Agency Is Applying For Enhanced Membership Basic Membership *(please check one)*

Enhanced Members: Will hold a voting seat on Board of Directors of Community Works of New York State. Each enhanced member organization shall designate one representative to the Board of Directors to be approved by the Board; no designee may represent more than one organization at a time. A written notice of the designated representative shall be submitted to the Secretary of the Corporation within the first quarter of each calendar year.

Enhanced member organizations will be marketed throughout the workplace giving campaigns through the campaign brochure, website, social media and on-site campaign meetings. Enhanced member organizations will participate in workplace expansion opportunities. Enhanced member organizations will share in the distribution of non-designated campaign donations as stated in the annual allocation policy. Enhanced member



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organizations will be required to attend a minimum of 60% of board meetings per year and actively participate in a minimum of one committee.

Basic: Will **not** hold a seat on the Board of Directors of Community Works of New York State. Basic member organizations will be marketed throughout the workplace giving campaigns through the campaign brochure, website, social media and on-site campaign meetings. Basic member organizations will participate in workplace expansion opportunities and actively participate in a minimum of one committee. Basic member organizations **will not** share in the distribution of non-designated campaign donations.

Member organizations that fail to meet the minimum work requirements may have their funds held in escrow until their work commitment has been met or be considered for removal from the Corporation at the discretion of the Board;

My Annuals Dues Check For \$100 \$200 \$300 **Is Enclosed.**

Level 1	Operating budget less than \$100k	\$100 annual dues
Level 2	Operating budget \$101k to \$250k	\$200 annual dues
Level 3	Operating budget \$251k and larger	\$300 annual dues

Member Responsibilities: We agree with the above terms and conditions of this agreement to become a Member of Community Works of NYS, Inc.

Printed name of Agency Executive Director

Authorized signature of Agency Executive Director

Date

Secretary, Community Works Board of Directors

Date approved