



National Capital Immigrant Coalition

3801 Mt. Vernon Avenue, Alexandria, VA 22305

T (703) 684-5697 x309

www.ncicmetro.org

## MEMBERSHIP APPLICATION (PG 1 of 2)

Date: \_\_\_\_\_

### SECTION A: ORGANIZATIONAL INFORMATION

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alt. Tel. Number \_\_\_\_\_

Website \_\_\_\_\_

Can we add your link to our website?  Yes  No

Sector Representing  DC  MD  VA  Labor  Faith-Based

Is your organization a national organization?  Yes  No

Representative *(This person will represent the organization in voting matters.)*

Name/Title \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alt. Tel. Number \_\_\_\_\_

Alternative Organizational Representative

Name/Title \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alt. Tel. Number \_\_\_\_\_

List all segments of the community where you work, i.e. elders, African-American, Catholics in Arlington, etc.

List all topics that you address in your work, i.e. food stamp accessibility, language access, domestic work, etc.

List all methodologies that you utilize to accomplish your goals, i.e. direct services, electoral work, worksite organizing, press, etc.

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SECTION B: INTEREST

Describe your interest in joining the NCIC.

Describe all relevant special skills, commitment and/or organizational resources your organization would bring to the NCIC, i.e. congressional support, technology, community mobilization, etc.

SECTION C: MEMBERSHIP FEES

The NCIC has an annual membership fee. See box for NCIC Membership Fee schedule.

- Payment enclosed. Amount of
Bill my organization the amount of
My organization is requesting a waiver.

If you choose this option, you must complete section C.1 of application

Local Non-profit Community-based Organizations

Budget up to \$500,000 pay a minimum of \$250 per year.
Budget up to 1 million pay a minimum of \$500 per year.
Budget up to 5 million pay a minimum of \$750 per year.
Budget over 5 million pay a minimum of \$1,000 per year.
Organization with volunteer staff pays a minimum of \$50 per year.

Local Union Organizations

2,000 members or less will pay a minimum of \$1,000 per year.
2,000-4,999 should pay a minimum of \$1,500 per year.
5,000-9,999 members will pay a minimum of \$2,000 per year.
10,000 members will pay a minimum of \$2,500 per year.

Local Faith-based groups pay a flat fee of \$250.

Regional and/or National Organizations pay a flat fee of \$1,000.

Organized Businesses pay a flat fee of \$1,000.

SECTION C.1

Membership fees support the work of NCIC. While we believe that organizations that can afford the fees should pay them, we want to ensure every organization that wants to join has the opportunity to do so regardless of fees. The Board of Directors will consider requests of fee reduction or waivers. If you are seeking a fee reduction or waiver, please describe the reason for the request and if applicable, the amount your organization proposes to pay below.

Upon submission of the application form and receipt of membership dues, if relevant, the NCIC will make a final determination on membership within 30 days or by next board meeting (whichever comes first). In accordance with organizational bylaws Article II. Section 2, NCIC reserves the right to deny membership based on membership guidelines. You will be notified in writing and/or by your sector representative of your membership.

FOR INTERNAL USE ONLY

Date application received

Application received by

Membership approved Yes No

Follow up meeting to be needed Yes No

Waiver requested Yes No

Waiver approved Yes No

ADDITIONAL NOTES