**2024 First-Time Membership Application**

**Thank you for your interest in possible membership in Community Shares of Greater Cincinnati. Any 501c3 nonprofit charity in the Greater Cincinnati area focused on social or economic justice, environmental sustainability or conservation, and animal welfare is eligible to be considered. Applications are Due no later than June 1, 2024, and will be considered by our board of directors at their July 2024 meeting.**

Legal name of organization:

EIN: Phone: URL:

Mailing address:

Physical location:

CEO/Executive Director:

Please provide a narrative containing the following:

1. What are your primary programs and services?

2. What is your target audience for these programs and services?

3. Please describe these programs and services.

4. What goals have you set for delivering on these programs and services?

5. What community challenges or problems are you addressing?

6. What outcomes have you observed? Include quantitative data and measurable improvements.

7. Describe your measurement tools.

**MEMBERSHIP AGREEMENT**

**Introduction**

Community Shares of Greater Cincinnati (CS) is a partnership of member organizations which exists to support member organizations by raising funds, building community awareness, and facilitating collaboration. In return, member organizations agree to support the mission, operate according to the core values, and contribute to the work of Community Shares.

**To support the partnership, member organizations agree to:**

**Help raise campaign funds for member organizations by –**

* Promptly advising Community Shares of significant changes during the year.
* Providing at least one new workplace partnership advocate or a meeting at a prospective campaign partner workplace.
* Participating in workplace campaign presentations or events when requested.
* Conducting a CS campaign among your employees, volunteers, and board members..

**Help build community awareness of Community Shares and Member Organizations by –**

* Displaying the CS logo on and promoting the federation in member organization materials, websites, and in social media platforms.

**Help the partnership operate effectively, efficiently, and at minimal expense by –**

* Having two CS Contacts for communication and attending quarterly/annual membership meetings. The primary contact:
  + Should be a key decision maker and/or influential stakeholder within your group.
  + Is responsible for insuring that the alternate contact (below) replaces him/her/they as needed.
* Having a member organization representative work with a CS standing committee or Board.
* Paying membership dues by June 30, 2024 *(New and Returning Members).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization name) understands that by not fulfilling the requirements outlined above it may be ineligible for campaign funds and may no longer be considered a fully participating member of Community Shares, should the Community Shares Board so decide.

**We the undersigned understand and accept the membership rights and responsibilities contained in this agreement.**

Approved by the applicant/member organization’s governing board on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

Organization’s CEO/ED or Board President/Chair’s Name (Printed) Signature Date

Please note the Primary and Alternate Contacts are those who will represent your organization and will be the first line of contact in most matters regarding Community Shares. These are the persons who will be invited to attend all Community Shares activities, events and meetings. They will receive all Community Shares correspondence via phone, hard copy or electronic mail. Please make sure that these individuals are aware of these responsibilities and have agreed to take on this role. These are your Community Shares **Member Group Representatives**.

Member Rep 1: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Member Rep 2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**(OPTIONAL) WORKPLACE PROSPECT**: Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person at company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Your organization’s person who knows this contact and whom we may call for more information:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(OPTIONAL) BOARD/COMMITTEE PROSPECT**: Please identify someone associated with your organization who may be interested in considering service on one of our committees or our Board of Directors.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25-WORD DESCRIPTION**: ( ) Keep the same as last year. ( ) Change to the following:

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**PAY YOUR MEMBERSHIP DUES (BASED ON ANNUAL TOTAL REVENUE) BY JUNE 30**

$350 =or<$50K $475 =$50,001-$150K $575 =$150,001-$350K $650 =$350,001-$750K $725 >$750,000

**SUCCESS STORY**: Please provide one success story from your organization within the past year we may use in our promotional materials. Additional pages may be attached if preferred:

**DEMOGRAPHICS**: In order for Community Shares to seek some types of grant funding, we need to aggregate data from our member organizations on the services you provide. If you maintain this data or can estimate it, please do so below:

**Number of individuals who received direct service from your organization in some form in your most recently completed year**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The below demographics are ( ) documented, ( ) estimated, ( ) not tracked and therefore are not provided.

Percent of the above number that are \_\_\_\_ Low Income ($29,595 or less annually per household) \_\_\_ Moderate income (between $29,596 and $47,352 annually per household) \_\_\_\_ High Income ($47,353+)

Percent of the above individuals who are \_\_\_ white \_\_\_ African-American \_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ multi-racial (\_\_\_\_ percent Hispanic)

**ATTACHMENTS:** Please send us the following electronically.

**1.** At least three recent photographs that best represent what your organization is and what you do. Please ensure you have releases on file for any individuals in the photos, and please identify them by name if possible in your description of what the image shows. We will use these throughout the year for promotional purposes.

2. Your most recent Form 990. If you do not file the Form 990, a copy of your most recently filed Form 990EZ or proof of submission of your IRS postcard return is required. We must review a copy annually because as part of our agreement with Community Shares USA, we must attest that we have verified each of our members are current in their required federal and state filings.

*If you wish to participate in the Community Shares campaign with the State of Ohio employees or Ohio State University employees, you must submit pages 1, 9, an 10 from an actual Form 990 even if you do not file one (in which case, you may write PRO FORMA on the document) transferring the information from your Form 990EZ or your postcard financial statements onto the basic Form 990 for the purpose of their application file only. Page 1 must be hand signed if transferring it to a pro forma copy. If submitting your actual filed Form 990, the state requires we provide proof of signature, either by having the named signatory hand sign page 1 or by providing a hand signed copy of Form 8879 e-file authorization.*

3. Most recent audit (if your organization has one).

4. Current informational brochure about your organization (required if you wish to participate in State of Ohio or Ohio State University campaigns.)

5. Governing documents (new applicants only):

a. 501c3 determination letter from the IRS

b. Articles of Incorporation

c. Current bylaws

d. Evidence of physical location (preferably a lease or utility bill with physical address on it. Promotional materials with the address disclosed may be substituted.

e. Mission, Vision, and Values Statements.

f. Nondiscrimination policy.

g. List of current board members with names, addresses, phone, email, and employer provided.

h. High-resolution (preferably 300 dpi or greater) of your organization’s official logo in color, preferably as a jpeg, gif, or tiff, suitable for printing in promotional materials.

i. Direct Deposit Banking Information below and a copy of a voided check

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DIRECT DEPOSIT AUTHORIZATION** | | | | | | | | |
| **MEMBER GROUP TAX ID NUMBER** | **ADDRESS** | | | **CITY** | | | **STATE** | **ZIP CODE** |
| **0** | **0** | | | **0** | | | **0** | **0** |
| MEMBER GROUP hereby authorizes Community Shares of Greater Cincinnati, hereinafter called CSGC, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to MEMBER GROUP account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. | | | | | | | | |
| **DEPOSITORY FINANCIAL INSTITUTION** | | | | **BRANCH** | | | | |
|  | | | |  | | | | |
| **CITY** | | | | **STATE** | | | **ZIP CODE** | |
|  | | | |  | | |  | |
| **TRANSIT ROUTING NUMBER - 9 DIGITS** | | | | **ACCOUNT NUMBER** | | | | |
|  | | | |  | | | | |
| **ACCOUNT TYPE -SELECT ONE:** | |  | **CHECKING** |  | **OR** | **SAVINGS** |  |  |
| This authority is to remain in full force and effect until CSGC has received written notification from MEMBER GROUP of its termination in such time and in such manner as to afford CSGC and DEPOSITORY a reasonable opportunity to act on it. Please send a copy of a voided check (for checking accounts) or deposit slip (for savings accounts) for account validation. (See Attachment B-9) | | | | | | | | |
| **ELECTRONIC SIGNATURE** |  | | | | | | | |
| **TITLE** |  | | | | | | | |
| **DATE** |  | | | | | | | |