



1600 Broadway Street NE
Minneapolis, MN 55413
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www.mnccd.org

MNCCD 2019 Membership Application Form

The Minnesota Consortium for Citizens with Disabilities (MNCCD) is a broad based coalition of advocacy and provider organizations working to change public policy to improve the lives of people with disabilities through building awareness, providing education and engaging the community. Organizations eligible for membership are those that serve and/or advocate on behalf of Minnesotans with disabilities. Governmental agencies may be members of MNCCD only if their statutory mission includes advocacy on behalf of Minnesotans with disabilities.

MNCCD Membership Contact Information

Name: _____ Title: _____

Email: _____ Phone number: _____

Organization Name: _____

Organization Address: _____

Organization Website: _____

Preferred Organization Name for Promotional Materials: _____

MN Legislative Districts where your organization has a presence (provides services, works with individuals and families, etc.):

Please check the box that most describes your organization:

- Advocacy Health Care Service Provider

Designated voter from organization for full membership votes: _____

Operating Budget for the current fiscal year: \$ _____

2018 Membership Dues Amount Included \$ _____

Dues Structure for 2018 Membership	
ORGANIZATION ANNUAL BUDGET	DUES
Over \$100,000,000	\$3,600
\$50,000,000 – \$100,000,000	\$3,450
\$10,000,000 – \$50,000,000	\$3,300
\$ 1,000,000 – \$10,000,000	\$3,200
\$ 750,000 – \$ 1,000,000	\$2,400
\$ 500,000 – \$ 750,000	\$1,650
\$ 200,000 – \$ 500,000	\$ 825
Under \$200,000	\$ 375

Please make checks payable to MNCCD. In the subject line please include: MNCCD Membership Dues. Membership will run for 12 months beginning January 1, 2019. As MNCCD is a 501(c)(4) nonprofit organization, membership dues and contributions are not tax-deductible.