

National Council for Suicide Prevention

New Member Application

Organization Name: _____

Executive Director: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Date when the Organization was established? _____

Year the Organization was granted 501(c)(3) non-profit status? _____

What is the mission statement of your organization?

Who is the organization's decision-making body? (e.g. Board of Directors, Executive Director)?

Please write a short (no more than 5 pages) statement addressing how your mission, goals and objectives relate to the NCSP, in what ways and why you believe your organization can contribute to the NCSP, and briefly describe what your organization has done in the immediately preceding three years to support suicide prevention efforts.

Membership

How many members are there in your organization? _____

How is that number determined?

Do you have both organizational members and individual members? Yes _____ No _____

Financial Support

How is your organization financially supported? (include both how: private sector or public sector, government, events, membership dues, grants, etc. as well as % for each source)

Is your organization a part of another or a higher organization? Yes___ No___

If yes, who is the higher organization and are they a 501(c)(3) nonprofit? Yes___ No___

Are you a coalition of organizations? Yes___ No___ (If yes, attach list of other organizations)

Signature of Executive Director

Signature of Board President

Print Name

Print Name

Date Signed

Date Signed

For the application to be complete you must submit the following along with this application:

- ✓ A copy of the mission statement
- ✓ A no more than 5 page statement on how your mission relates to the NCSP and addresses the work your organization has done in the last 3 years in suicide prevention
- ✓ Most recent and last 3 Annual Reports
- ✓ A copy of the organizations most recent and last 3 990 Tax Returns
- ✓ A copy of the organizations most recent and last 3 Audited Financial Statements
- ✓ A list of the organizations current Board of Directors and their location(s) and contact information
- ✓ A non-refundable \$500 application fee made payable to SAVE/NCSP

To be considered an applicant for the 2010 NCSP new member class your signed application with attachments must be received no later than 5/31/2010 to:

**National Council for Suicide Prevention
C/O SAVE
Attn: Dan Reidenberg, Managing Director
8120 Penn Avenue S #470
Bloomington, MN 55431**