



# Membership Application

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

MPGC | 1000 Westgate Drive, Suite 252 | St. Paul, MN 55114

Fax: 651.290.2266 | Phone: 651.290.7474 | www.mnpgc.org

## Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Job Title: \_\_\_\_\_

Gender:  Male  Female

The below information is:  Home  Work

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_

Email: \_\_\_\_\_  Remove me from the email list

## I am a:

## I am a member of the following organizations:

Select all that apply

- CFP  JD
- CPA  CFRE
- Other: \_\_\_\_\_

- CGP - National Association of Charitable Gift Planners
- AFP - Association of Fundraising Professionals
- AHP - Association of Healthcare Professionals
- CASE - Council for the Advancement and Support of Education
- Other: \_\_\_\_\_
- FPA - Financial Planners Association
- American Bar Association
- American Council on Gift Annuities
- Estate Planning Council
- Leave a Legacy Chapter

Please check primary employer type:

### Nonprofit Organization

- Arts/Cultural Organization
- Community Foundation
- Educational Institution
- Environmental Organization
- Hospital/Healthcare Organization
- Religious Organization
- Social Service Organization
- Other Nonprofit Organization: \_\_\_\_\_

### Legal/Financial Organization

- Accounting Practice/Firm
- Bank or Trust Company
- Brokerage Firm
- Financial Planning Practice/Firm
- Insurance Company/Firm
- Law Practice Firm

### Planned Giving Service Provider

- Consulting Practice/Firm
- Marketing
- Technology
- Other For-profit Business: \_\_\_\_\_

## Are you interested in volunteering? If so, what committee(s) are of interest to you?

- Annual Conference
- Leave A Legacy Minnesota
- Brisk Walk Programs
- Communication
- Membership
- Finance and Fund Development

Are you interested in being a mentor or mentee in the Hargroves Mentorship Program?

- Yes  No  Mentor  Mentee

## Payment (all fields are required fields)

Total: \$ \_\_\_\_\_

Membership in the Minnesota Planned Giving Council (MPGC): \$125 Join/Renew for 2 years: \$250

Additional contribution to support the vitality and sustainability of MPGC activities: \$ \_\_\_\_\_

VISA  MasterCard  Check (payable to MPGC)

Amount Enclosed: \$ \_\_\_\_\_

*If paying by credit card, all fields are required.*

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Print name of cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder Phone: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Mail with payment to: Minnesota Planned Giving Council, 1000 Westgate Drive, Suite 252, St. Paul, MN 55114

<small>(For office use only)</small>	
initials	fin.
date	
CK/CC	
amt. paid	
bal. due	