

2017 PHILANTHROPY NETWORK FOUNDATION/FUNDER MEMBERSHIP APPLICATION

Thank you for your interest in joining Philanthropy Network. Please contact Theresa Jackson, Director of Member Services and Information, at theresa@philanthropy-network.org or 215-790-9700 x14 if you have questions regarding this application. If any item below does not apply to your organization, please leave blank or contact us.

1. **Contact Information** (If desired, please attach business card in lieu of completing this section)

Organization Name _____
 (as you would like it to appear on Philanthropy Network's Member List)

Name/Title of Contact Person _____

Mailing Address _____

Phone _____ Fax _____

Email _____ Website (if applicable) _____

County Location _____

2. **Type of Organization** (please check one)

- Private Foundation**
Such as Family/Trustee-Managed, Independent, Charitable Trust, etc.
Please specify: _____
- Grantmaking Public Charity**
A minimum of \$50,000 from the operating budget must be allocated for grants to multiple organizations; includes Community Foundations, "Health Conversion" Foundations, and other entities that both fundraise and make grants.
Please specify: _____
- Individual Donor**
To qualify, Individuals must grant at least \$25,000 annually, or \$10,000 for individuals up to age 35, to multiple grantees.
- Other**
This category covers other entities that make charitable grants, including: Donor Advised Funds, Giving Circles, Funding Collaboratives, Grantmaking Intermediaries, etc.)
Please specify: _____
- Potential Corporate/business members can call 215-790-9700 x14 or visit www.PhilanthropyNetwork.org to download a corporate specific application.**

Membership Dues:

Annual Membership Dues in Philanthropy Network are based on your organization's total prior year's grants and charitable giving. Organizations located outside of the Delaware Valley should assess their dues based on their regional giving. The annual membership period is concurrent with the calendar year. Renewals are billed in December.

2016 Annual Grants/ Contributions Awarded	2017 Philanthropy Network Dues
Less than \$100,000	\$550
\$100, 000 to \$250,000	\$825
\$250,000 to \$500,000	\$1,130
\$500,000 to \$1 million	\$2,200
\$1 million to \$2 million	\$4,125
\$2 million to \$5 million	\$6,600
\$5 million to \$10 million	\$10,450
\$10 million to \$20 million	\$18,700
Over \$20 million	\$30,250

- 3. **Total Assets** (if applicable) \$ _____
- 4. **Previous Year's Total Charitable Giving** \$ _____
- 5. **Membership Dues Enclosed** (please see chart above) \$ _____
 Please make checks payable to "Philanthropy Network Greater Philadelphia" Philanthropy Network's tax ID # is 23-2518417
- 6. **Please attach available/applicable documentation listed on back, or provide website where information is posted***
- 7. **Signature:** _____ **Date:** _____

Please see reverse for our Application Procedure and a few additional questions aimed at helping us to best serve your needs.

APPLICATION PROCEDURE

*Your complete Membership Application should include your:

- ✓ Completed and signed *Membership Application Form*
- ✓ Dues check made payable to "Philanthropy Network Greater Philadelphia"
- ✓ IRS determination letter
- ✓ 990 or 990-PF (if applicable) or Audited financial statements
- ✓ Most recent annual report (if available) or other listing of grants/ contributions made

Please submit these materials to:

Philanthropy Network Greater Philadelphia
230 South Broad Street, Suite 402
Philadelphia, PA 19102

INFORMATION TO HELP US SERVE YOU BETTER

Please take a few moments to answer these questions that will help us better address your interests and serve your needs.

1. **Please share your interest(s) in joining Philanthropy Network Greater Philadelphia. In what ways can Philanthropy Network be a benefit to you in your organization's work (eg., networking opportunities, learning new skills, connecting with peers, etc.)? Is there anything you hope to contribute as a member of our network?**

2. **Is your organization a member of any other philanthropy-related associations? If so, which ones (optional)?**

3. **Your Organization's Giving Priorities:**

Please indicate your organization's areas of funding interest. Feel free to attach a brochure, application guidelines, or a description from your Web site that describes your giving priorities and goals.

- | | |
|---|--|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Human/Social Services |
| <input type="checkbox"/> Community/Economic Development | <input type="checkbox"/> Women & Girls |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Environment | |
| <input type="checkbox"/> Food & Nutrition | |
| <input type="checkbox"/> Health | |

4. **Geographic Reach of your Organization:**

Please indicate all geographic areas in which your organization provides funding.

- | | |
|--|--|
| <input type="checkbox"/> Bucks County, PA | <input type="checkbox"/> Tri-State Region (PA, NJ, DE) |
| <input type="checkbox"/> Chester County, PA | <input type="checkbox"/> Nationwide |
| <input type="checkbox"/> Delaware County, PA | <input type="checkbox"/> International |
| <input type="checkbox"/> Montgomery County, PA | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Philadelphia County, PA | |
| <input type="checkbox"/> Statewide (PA) | |

5. **Additional Staff/Trustees/Directors:**

Membership covers participation for staff, trustees and directors regularly involved in your organization's philanthropy. Please provide a list of additional people who would like to participate in and receive information about Philanthropy Network activities. *Please include the following information for each staff member listed:*

- Name
- Title
- Email
- Phone
- Mailing Address

***Thank you for your interest in Philanthropy Network Greater Philadelphia.
A Philanthropy Network staff member will be in touch with you upon receipt of your completed application form.***