**Associate Membership Application**

Thank you for your interest in being a member of Philanthropy Colorado. Please complete all sections of the membership application and attach the requested supporting documents.

Organization Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Phone: Click here to enter text. Website: Click here to enter text.

General email (if applicable): Click here to enter text.

Applying as:

☐ Sole Practitioner

☐ Firm, 2-5 staff

☐ Firm, 6+ staff

☐ Philanthropic Consultant

☐ Philanthropic Advisor

☐ Attorney

☐ CPA

☐Other: Click here to enter text.

**Staff Information**

Primary Contact Name: Click here to enter text. Title: Click here to enter text.

Primary Contact Email: Click here to enter text.

No. of full-time staff: #

No. of part-time staff: #

Additional Staff Member Names and Email Addresses (if applicable):



**About Your Membership Interests**

Why do you want to become an associate member of Philanthropy Colorado? Which membership benefits are of greatest interest to you?



How did you learn about Philanthropy Colorado?



Are you a member of other local, regional, or national philanthropic support associations/councils? [ ]  Yes [ ]  No If yes, please list: Click here to enter text.

**Reference/Referrals**

*Please provide three references from eligible Philanthropy Colorado Grantmaking Members for paid engagements within past two years or a referral from a Philanthropy Colorado Grantmaking Member.*

**Reference #1**

Name: Click here to enter text.

Title: Click here to enter text.

Organization: Click here to enter text.

Direct Phone: Click here to enter text.

Email Address: Click here to enter text.

Type of consultation/support provided: Click here to enter text.

Dates of consultation/support provided: Click here to enter text.

**Reference #2**

Name: Click here to enter text.

Title: Click here to enter text.

Organization: Click here to enter text.

Direct Phone: Click here to enter text.

Email Address: Click here to enter text.

Type of consultation/support provided: Click here to enter text.

Dates of consultation/support provided: Click here to enter text.

**Reference #3**

Name: Click here to enter text.

Title: Click here to enter text.

Organization: Click here to enter text.

Direct Phone: Click here to enter text.

Email Address: Click here to enter text.

Type of consultation/support provided: Click here to enter text.

Dates of consultation/support provided: Click here to enter text.

**In lieu of 3 references, applicants may also provide a referral from a Philanthropy Colorado Member:**

Name: Click here to enter text.

Title: Click here to enter text.

Organization: Click here to enter text.

Direct Phone: Click here to enter text.

Email Address: Click here to enter text.

**Associate Membership Criteria**

Eligible members are philanthropic consultants/advisors that are engaged on a paid basis for programmatic, management, governance, or strategy consulting to organizations and/or individuals that are eligible Philanthropy Colorado members. Attorneys and CPAs are also eligible for the purposes of participating in relevant peer groups and attending membership-wide networking and learning events.

Associate members must be established for more than two years and able to provide at least three references from such eligible grantmakers for paid engagements within past two years.

Please note that solicitation is strictly prohibited at Philanthropy Colorado events, unless otherwise noted. All Philanthropy Colorado members agree that they will not solicit funding for one’s own organizations and/or projects, solicit on behalf of a business or services, or pitch products at Philanthropy events, nor will any guests they bring.

**Membership Dues**

Membership in Philanthropy Colorado is on a calendar year basis. Dues of new members are prorated based on the date of membership.

|  |  |
| --- | --- |
| **Associate Member Type** | **2020 Dues** |
| Sole Practitioner | $595 |
| Firm with up to 5 Local FTEs | $1,000 |
| Firm with more than 5 Local FTEs | $1,500 |

**Submit Membership Application**

Please return a completed application and supporting materials by email or mail to:

Philanthropy Colorado

info@philanthropycolorado.org

5855 Wadsworth Bypass, Unit A

Arvada, CO 80003

By submitting this application, I certify that I or my organization meets the membership criteria. I acknowledge that solicitation is strictly prohibited at Philanthropy Colorado events.

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Name [electronic signatures accepted]